Your social security rights when moving within the European Union
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Update 2002
As a citizen of one of the Member States of the European Union, when you go to work or take up residence or simply stay temporarily in another Member State, the Community’s legal instruments, in particular Regulation (EEC) No 1408/71, ensure that you do not lose your social-security rights. However, this legislation does not override the social-security systems of the Member States; it merely coordinates them.

This guide gives a brief description of the organisation and functioning of the social-security systems of each Member State. It also indicates the conditions under which you are entitled to the various kinds of benefits and discusses the necessary formalities to be complied with. The explanation of the social-security systems of each Member State concludes with a section on how to obtain any further information you may require.

As a result of the entry into force of the Agreement on the European Economic Area (EEA), citizens of Iceland, Liechtenstein and Norway working or staying in the European Union will henceforth be treated as if they were citizens of an EU Member State. Similarly, EU citizens working in Iceland, Liechtenstein and Norway are entitled to the same social-security benefits as the citizens of those countries.

Please note that this guide does not provide information on the Community provisions on social security, which are contained in Regulations (EEC) Nos 1408/71 and 574/72 on the application of social-security schemes to employed persons, to self-employed persons, and to members of their families moving within the European Union. This information can be found in a guide published by the Office for Official Publications of the European Communities in 1999. The title of this guide is *The Community provisions on social security — Your rights when moving within the European Union* (ISBN 92-894-0207-5).

Normally it is available from national social-security organisations, but failing this it can be obtained from the following address:

European Commission
Directorate-General for Employment and Social Affairs
Social protection and social integration
Free movement of workers and coordination of social-security schemes
B-1049 Brussels.
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In broad terms, the Belgian social-security system consists of a scheme for employed persons and a scheme for self-employed persons. As there are important differences between the two schemes, they are treated separately. Chapter I deals with social security for employed persons. If you are self-employed, please refer to Chapter II.

Chapter I

EMPLOYED PERSONS

1. General

The Belgian social-security scheme for employed persons comprises the following branches:

- sickness and maternity insurance (see Section 2 below);
- insurance against accidents at work and occupational illnesses (Section 3);
- invalidity insurance (Section 4);
- old-age insurance (Section 5);
- survivor’s pensions and death grants (Section 6);
- unemployment insurance (Section 7);
- family benefits (Section 8).

How to join the social-security scheme

As soon as you take up employment in Belgium, your employer must complete the necessary formalities to ensure that you are covered by the social-security scheme. You yourself need not apply to any institution.

The only exception to this rule concerns insurance for health care and benefits. In order to be covered for these risks, you must join a mutual insurance fund (mutualité — ziekenfonds) of your own choice or register with a regional office of the auxiliary sickness and invalidity insurance fund (Caisse auxiliaire d’assurance maladie-invalidité, CAAMI — Hulpkas voor ziekte- en invaliditeitsverzekering). There are non-denominational, occupational, Christian, socialist and liberal mutual insurance funds in Belgium.

You are free to change to a different mutual insurance fund on the first day of every quarter. However, the new fund which you wish to join may refuse your application if you have been insured for less than 12 months. For further information on this subject, please apply to the fund you wish to join.

If you were previously covered by the health-insurance scheme of another EU Member State, you must present the Belgian health-insurance fund (mutual insurance fund or regional office of the auxiliary fund) with forms E 104 and E 105, which you will have obtained on request from the fund of the country you have left.

The mutual insurance funds and the regional offices of the auxiliary fund are subsequently referred to as ‘health-insurance funds’.

Contributions

You have to pay a social-security contribution, which is a percentage of your wage or salary. Your employer deducts it from your wage or salary and pays it to the national office of social security (Office national de sécurité sociale, ONSS — Rijksdienst voor Sociale Zekerheid, RSZ). The only contribution which you yourself may have to pay is that which the insurance fund may ask you to pay for supplementary voluntary insurance cover. You do not have to pay any additional contribution if you join the auxiliary sickness and invalidity insurance fund, since it provides compulsory insurance only.

Appeals

If you disagree with a decision taken by a social-security institution, you may lodge an appeal within one month of the date on which you were notified of the decision. If you live in Belgium, you must either send your appeal by registered letter to the office of the clerk of the labour court (Greffie du tribunal du travail — griffie van de Arbeidsrechtbank) in your district of residence or personally present it to that office. If you live abroad, you
must send your appeal to the labour court of the district where you last lived or were resident in Belgium or, if you have never lived or been resident in Belgium, to the labour court of the district where you last worked in Belgium.

2. Sickness and maternity

Health insurance currently covers the whole population legally present on Belgian territory, in particular, workers, the unemployed, pensioners, the self-employed, public sector employees, the disabled, mutilated and handicapped, domestic staff, students, persons entered in the natural persons register, and their dependants. Women who are in work, unemployed or disabled are entitled to maternity allowances. Under certain conditions, sickness and maternity benefits can also be delivered while you are living or resident in another Member State.

A. HEALTH-INSURANCE BENEFITS IN KIND

In order to qualify for health-care benefits:

— you must be registered with a health-insurance fund;

— your contributions may not be lower than a fixed minimum amount;

— if you come from another Member State, or a State with which Belgium has concluded a social-security agreement on cumulation of insurance periods, you must have been insured under one of that State’s sickness insurance schemes for the six months preceding your registration.

The cost of benefits, which include both preventive and curative care, is reimbursed at statutory rates.

Medical and dental treatment

As a rule, you may go directly to a doctor or a dentist of your own choice, to whom you must pay the necessary fees yourself. The fees will be reimbursed on production of a certificate from the doctor or dentist attesting to the treatment provided. In principle, the health-insurance fund reimburses 60–70% of the fees paid for health-care services such as visits and consultations of general practitioners and specialists. If you go to a doctor or dentist who is not bound by the statutory rates, you yourself must pay any amount charged in excess of these rates. On request, your health-insurance fund can provide you with a list of doctors and dentists who abide by the statutory rates.

Pharmaceutical products

For pharmaceutical products obtained with a prescription, you have to pay a prescription charge which varies depending on the social and therapeutic value of the product prescribed. How much of the cost of medicines reimbursed by the health-insurance fund varies according to the category to which they belong (A, B, C, Cs, Cx or dispenser’s preparation). Normally, you pay a dispensing chemist only that part of the price of a medicine which is not reimbursed by the health-insurance fund, provided of course that you can produce a medical prescription.

Hospitalisation

If you need hospital treatment, you must first apply to your health-insurance fund, which will explain how you can obtain it. This is not necessary in emergencies. You must pay a fixed sum on being admitted to hospital. Thereafter, you have to pay a small fixed amount towards the cost of each day spent there, plus a fixed daily amount for medicines used during your stay.

Physiotherapy and nursing care

Physiotherapy is reimbursed only if it has been prescribed by a doctor. As a rule, reimbursement of physiotherapists’ fees by the health-insurance fund is limited to 60%.

The health-insurance funds will reimburse 75% of fees paid for nursing care.

Reimbursement at increased rates

Some insured persons and their dependants may be reimbursed by their insurance funds at higher rates because of their financial circumstances. These are pensioners, widows, orphans, disabled persons and those receiving handicapped person’s allowances or other forms of social assistance.

B. SICKNESS BENEFIT IN CASH

If you cannot work because of illness, you must provide the medical adviser of your health-insurance fund with a medical certificate made out by the doctor treating you. You must do this within two days of becoming incapacitated. If you send in the certificate later, you will be entitled to cash benefit only from the day on which it was sent.

The medical adviser of your health-insurance fund makes an estimate of the duration of your illness. He may require you to undergo a medical examination at any time.

During the first year of incapacity for work, you are entitled to a cash benefit equal to 60% of your previous wage or salary. The amount of benefit may not, however, exceed a fixed maximum.
If you are still unable to work after a year, you will be entitled to invalidity benefit (see Section 4 below).

- **Qualifying conditions**
  In order to qualify for cash sickness benefit:
  - you must be registered with a health-insurance fund;
  - you must have worked for 120 days within a period of six months. Certain periods in which you did not work (illness, paid leave, etc.) are treated as periods of employment. Periods of employment in other Member States can be taken into account;
  - you must submit to the health-insurance fund the contribution voucher provided by your employer;
  - you must agree to any checks required by the health-insurance fund;
  - you must still have the status of an insured person. You can prove this by showing that you have worked for 120 days or equivalent during the second and third quarters preceding your claim for benefit. If you cannot satisfy this condition, you can take out ‘continued insurance’ (assurance continueée);
  - you must be certified as being unable to work.

C. MATERNITY BENEFITS

Pregnant women are entitled to 15 weeks’ maternity leave. This is extended to 17 weeks for a multiple birth.

Prenatal leave, for which the expectant mother must apply, starts not more than seven weeks before the probable date of birth, or nine weeks if a multiple birth is expected. Up to six (or eight) of these seven (or nine) weeks of leave may be taken either before or after childbirth. From the seventh day preceding the probable date of birth, the expectant mother must cease all forms of employment or, where appropriate, inform the unemployment office. She must forward to her health-insurance fund a medical certificate stating that she is expected to give birth at the end of the prescribed period of prenatal leave.

Postnatal leave is granted for a period of eight weeks after childbirth.

The level of maternity benefit is calculated as follows:
  - gainfully employed persons: 82 % of pay for the first 30 days and 75 % from the 31st day;
  - unemployed persons and invalids: 79.5 % for the first 30 days and 75 % from the 31st day.

- **Qualifying conditions**
  The qualifying conditions for maternity benefit are the same as for cash sickness benefit (see above).

3. Accidents at work and occupational illnesses

A. ACCIDENTS AT WORK

All employed persons including apprentices and domestic staff are covered against accidents at work and against accidents sustained on the way to or from work. Your employer must take out a policy for his employees with a recognised insurance company or joint insurance fund. When an accident at work occurs, the employer, the employed person or a member of his/her family must report it within 10 days to the insurance company and also to the occupational safety inspector, using a special form. If possible, a medical certificate must be sent with the accident report.

The following benefits may be claimed following an accident at work:
  - cash benefits for temporary and/or permanent, partial and/or total incapacity for work, and an allowance for assistance from a third party in serious cases;
  - health care, hospitalisation and prostheses;
  - travelling expenses;
  - special benefits on death.

These benefits may be paid in another EU Member State.

- **Cash benefit for incapacity for work**

After a certain time, you either become fit for work again or your incapacity may become permanent. The latter case is referred to as ‘consolidation’. The date and degree (percentage) of permanent incapacity for work are determined by the insurer's medical adviser. For the period up to this date, you receive a daily allowance for temporary total incapacity for work, amounting to 90 % of your average daily earnings.

Subsequently, an annual allowance is granted for a period of three years. During this period, your case may be reviewed. The level of the allowance depends on your percentage incapacity and the remuneration to which you were entitled during the year preceding the accident. At the end of the three-year period, the allowance is converted into a life annuity. If you are at least 16 % incapacitated, you may ask for a lump-sum payment of one third of the annuity capital. In any case, the terms of financial compensation following an accident at work are subject to the approval of the industrial accidents fund (Fonds des accidents du
travail, FAT — Fonds voor Arbeidsongevallen). If you disagree with the insurer's proposed settlement, you can appeal to the labour court.

- **Health care**

If you have sustained an accident at work, you may choose your own doctor, medical centre or hospital for all medical and nursing care, except where your employer (or the insurer) has his own approved medical, pharmaceutical or hospital service. Care provided through the employer (or insurer) is free of charge. If you are free to make your own choice, the cost is reimbursed in full by the insurer, up to the level of charges set under health and invalidity insurance legislation.

- **Travel costs**

Under certain conditions, your travelling expenses and those of the members of your family can be paid.

- **Fatal accidents**

The following benefits may be paid following a fatal accident at work or on the way to or from work:

- a grant of 30 times the average daily wage or salary for funeral expenses, or reimbursement of all costs (including administrative formalities) incurred in transferring the deceased to the place of burial (country of origin);
- a life annuity for the surviving spouse, amounting to 30% of the wage or salary of the deceased;
- a temporary pension for the children, amounting to 15 or 20% of the wage or salary of the deceased, and paid until the age of 18 or to the end of entitlement to family benefits.

- **Payment of benefits**

The allowance for temporary incapacity is paid on the same day as that on which your wage or salary would normally be paid. After your condition has become permanent, it is paid quarterly or monthly.

Pensions due after fatal accidents are also paid quarterly or monthly.

- **Further information**

For further information, contact your employer's insurer. In case of difficulty, contact: Service de contrôle du Fonds des accidents du travail, Rue du Trône 100, B-1050 Brussels.

**B. OCCUPATIONAL ILLNESSES**

All employed persons, and, for example, unemployed and disabled persons undergoing vocational rehabilitation or retraining, are covered against occupational illnesses. In order to be recognised as occupational, a disease must be included in an official list or must have been mainly and directly caused by the occupation in question. In the latter case, you must provide proof of exposure to the risk and its causal link with the disease. Employers must be insured with the occupational illnesses fund (Fonds des maladies professionnelles, FMP — Fonds voor de Beroepsziekten), which awards the benefits.

- **Benefits**

The following benefits are awarded in the event of occupational illnesses:

- cash benefit for temporary and/or permanent, partial and/or total incapacity for work, and an allowance for assistance from a third party in serious cases;
- allowances for temporary or permanent cessation of work as a preventive measure; the occupational illnesses fund may authorise you to stop working if predisposition to an occupational illness is medically confirmed or initial symptoms of that illness are detected; you are then entitled to an allowance for total temporary incapacity for work and are eligible for occupational retraining;
- allowances on the death of an insured person as a result of the occupational illness;
- medical treatment; you have a free choice of doctors and are entitled to full reimbursement of the cost incurred, at the prescribed rates;
- travelling expenses.

Benefits are calculated and paid in the same way as for accidents at work (see Section A above).

- **How to obtain benefits**

Claims must be sent by registered letter to the occupational illnesses fund by the sick person or his nominee (for example, his mutual insurance society). The application is made using a standard form, obtainable from the occupational illnesses fund. The degree of incapacity may be reviewed by the occupational illnesses fund at its own initiative or at the request of the sick person, if there is a change in his state of health.

For further details please apply to the occupational illnesses fund:

Fonds des maladies professionnelles — Fonds voor de Beroepsziekten, Avenue de l’Astronomie 1, B-1210 Brussels.

**4. Invalidity**

If you have been receiving cash sickness benefit for a year and you are still unable to resume work,
you may claim an invalidity allowance. This benefit is payable until you reach retirement age (under the transition arrangements for equalising retirement ages for men and women, the retirement age is currently 62 for women and 65 for men). It amounts to 65 % of your previous earnings if you have dependants. If you do not have dependants, this is reduced to either 45 or 40 %, depending on whether or not the lost earnings were your only source of income. The value of the allowance cannot exceed a fixed limit.

By way of exception, miners who have worked in mines for at least 10 years are entitled to an invalidity pension, payable from the seventh month of incapacity for work.

- **Qualifying conditions**

In order to qualify for the invalidity allowance:
- you must be registered with a health-insurance fund;
- you must have worked for 120 days within a period of six months. Certain periods in which you did not work (illness, paid leave, etc.) are treated as periods of employment. Periods of employment in other Member States can be taken into account;
- you must have submitted to the health-insurance fund the contribution voucher provided by your employer;
- you must agree to any checks required by the health-insurance fund;
- you must be certified as being incapable of working.

5. **Old-age pensions**

In principle, everyone who has been employed in Belgium under an employment contract is covered by old-age insurance. There are special rules for part-time domestic staff.

The benefits are:
- retirement pension (pension de retraite — rustpensioen) for employed persons;
- heating allowance (allocation de chauffage — verwarmingstoelage) for retired coal miners;
- holiday allowance (pécule de vacances — vakantiegeld) and supplementary holiday allowance (pécule de vacances complémentaire — aanvullend vakantiegeld).

- **Qualifying conditions**

Employed persons, both men and women, are entitled to an early retirement pension (provided they have an adequate insurance history) on reaching the age of 60. Normal pensionable age is 65 for men. It is currently 62 for women and will be increased gradually to reach 65 in 2009.

There are exceptions to this rule for miners, who may retire earlier.

Male workers entitled to a contractual pre-retirement pension (prépension — bruppensioen) cannot receive a retirement pension until they are 65.

Likewise, women in the same position are not entitled to a retirement pension until they reach the statutory pensionable age, which is currently 62 and will be 65 in 2009, as already mentioned.

- **How to obtain benefits**

Pension applications must be submitted to the municipal administration of your place of residence. If you are resident in another Member State, you must send your application to the local pension institution in that State. In order to avoid any delay in the processing of your application, you should submit it if possible one year before reaching retirement age.

- **Level of pension**

The level of your retirement pension depends on the length of the periods during which you worked as an employed person in Belgium (including periods of holiday, illness and unemployment) and on your earnings in these periods, adjusted for the cost of living at the time when the pension is calculated.

For men, the retirement pension is calculated as 1/45 of the full pension rate for each year worked. For women, the denominator of the current fraction — 1/42 — will be increased progressively to reach 1/45 on 1 January 2009. The increments are 1/40 for seamen, 1/30 for mineworkers who have worked at least 20 years in mines and 1/14 for seamen who have served at least 168 months at sea. Periods of employment in other Member States can count towards the theoretical level of pension.

The pension amounts to 60 % of the average wage or salary you earned over your entire working life, or 75 % if you have a dependent spouse.

There are two ways in which you can receive your pension. You can have it paid by postal order, which can be sent to you at home, or you can have it transferred to your post office account or bank account.

Pensioners are allowed to work provided that the wage or salary received does not exceed a certain limit. If you intend to do so, you must inform the national pensions office beforehand by registered post. You must also inform your employer, again by registered post, that you have a pension.
You can obtain further information from the national pensions office: Office national des pensions, ONP — Rijksdienst voor Pensioenen, Tour du Midi, B-1060 Brussels.

You will not receive a retirement pension if you are already receiving sickness, invalidity or involuntary unemployment benefit under Belgian or foreign social-security legislation, or if you are receiving an allowance for cessation of work in connection with an occupational illness or as a result of partial incapacity for work or a supplementary allowance under a contractual pre-retirement arrangement.

6. Death grants and survivors’ benefits

On the death of an insured employed person, the survivors may be entitled to the following benefits:

— a once-only grant for funeral expenses, awarded to whoever has paid these costs on presentation of substantiating documents (death certificate, invoices);

— a survivor’s pension (pension de survie — overlevingspensioen), paid to the worker’s spouse;

— a survivor’s tideover pension (pension de survie temporaire — tijdelijk overlevingspensioen), paid to a widow or widower who is not or is no longer entitled to a survivor’s pension.

Qualifying conditions for the survivors’ pension

The surviving spouse of an employed person is entitled to a survivor’s pension as from the age of 45. There is no age limit if the surviving spouse has a dependent child or is at least 66 % unfit for work or if the deceased worked underground in mines for 20 years. In addition, the marriage must have lasted at least one year or have produced a child, or death must have been due to an accident or occupational disease occurring after the date of marriage, or the spouse must at the time of death have had a dependent child for which he/she was receiving family benefits.

How to obtain benefits

Pension claims must be submitted to the municipal administration of your place of residence. If you reside in another Member State, you apply to the local pension institution in that State.

You must claim for a survivor’s tideover pension within 12 months of the date on which your spouse died. The spouse of a pensioner, however, does not need to submit a claim for a survivor’s or survivor’s tideover pension, as one or the other will be awarded automatically.

Level of pension

The survivors’ pension awarded to the surviving spouse amounts to 80 % of the retirement pension that the deceased spouse was receiving or would have received.

There are two ways in which you can receive your pension. You can have it paid by postal order, which can be sent to you at home, or you can have it transferred to your post office account or bank account.

Pensioners are allowed to work provided that the wage or salary received does not exceed a certain limit. If you intend to do so, you must inform the national pensions office (Office national des pensions, Tour du Midi, B-1060 Brussels) beforehand by registered post. You must also inform your employer, again by registered post, that you have a pension. You can obtain further details from the national pensions office.

You will not receive a survivor’s pension if you are already receiving sickness, invalidity or involuntary unemployment benefit under Belgian or foreign social-security legislation, or if you are receiving an allowance for cessation of work in connection with an occupational illness or as a result of partial incapacity for work or a supplementary allowance under a contractual pre-retirement arrangement.

7. Unemployment

Generally speaking, wage and salary earners are insured against the risk of unemployment, regardless of their daily or weekly working hours. This does not apply, however, to domestic staff who do not live at their employer’s home and do not work for more than four hours per day for the same employer or 24 hours per week for one or more employers.

Qualifying conditions

In order to qualify for unemployment benefit, you must fulfil the following conditions:

— you must have worked for a minimum number of days (between 312 and 624) within a certain period (between 18 and 36 months) before you can apply for benefit. This period varies with age. Periods of employment in other Member States can be taken into account, but you must have become unemployed in Belgium;

— you must be out of work and not receiving a wage or salary through no fault of your own;

— you must be registered as a job seeker with the appropriate employment office, and you must be ready to accept any work suited to your occupational and personal situation; in Flanders, the competent employment office is
the VDAB, in Brussels, the ORBEM — BGDA, and in Wallonia, the FOREM;
— you must be capable of working;
— you must present yourself twice a month to the unemployment office administered by the municipality or local council of the area where you normally reside;
— you must be under 65 years old;
— your usual residence must be in Belgium and you must actually be living in Belgium.

For a limited period, it is possible to go and seek employment in another Member State without losing your Belgian benefit.

- **Level and duration of benefit**

  The daily level of benefit is normally based on 1/26 of the upper limit of the wage or salary lost. If an unemployed person has a dependent family and is the sole source of income, he or she is entitled to 60% of lost pay, subject to a daily minimum (EUR 29.77 (BEF 1,201) in June 1999) and maximum (EUR 33.91 (BEF 1,368)).

  If you have lost your only source of income, you are entitled to 60% of lost pay during your first year of unemployment, and to 44% from the second year onwards. If you do not have a dependent family and have not lost your only source of income, you are entitled to 55% of lost pay during the first year and to 35% thereafter, but only for a period of three months, plus three months for every year worked. After this three-month period (plus any extension), there is a flat-rate daily allowance of EUR 12.69 (BEF 512).

- **How to obtain unemployment benefit**

  You must claim from the body responsible for paying your unemployment benefit. Decisions on granting benefit are taken by the national employment office (ONEM — RVA) and payments are made either by recognised private bodies set up by the trade unions (CSC — ACV, FGTB — ABVV, CGSLB — ACLVB) or by the State body, the auxiliary unemployment benefits fund (Caisse auxiliaire de paiement des allocations chômage, CAPAC — Hulpkas voor Werkloosheidsuitkeringen).

  You may choose the body by which you wish to be paid and may transfer whenever you wish.

- **Refusal of benefits**

  If you are out of work because you left your job for no valid reason, if you were dismissed through your own fault, or if you refused an offer of a suitable job while unemployed, benefit may be withheld for a limited period. Although the right to unemployment benefit is, in principle, unlimited in time, benefit may be suspended when you have been out of work for more than one-and-a-half times the regional average for persons of the same sex and age. This applies if you are under 50 years of age, have not lost your only source of income, do not have a dependent family and are in your third period of unemployment, and if your household’s annual taxable income exceeds EUR 15,784.42 (BEF 636,742) (plus EUR 631.38 (BEF 25,470) per dependant).

8. **Family benefits**

You are entitled to family benefits if you are working as an employed person or if you are unemployed, disabled or retired.

There must be either a family relationship or a legal relationship between you and the child concerned. Where several persons are entitled to family benefits for the same child, certain rules of priority will apply.

- **Age limits**

  Entitlement to family benefits is unconditional until 31 August of the calendar year in which the children reach the age of 18. Thereafter, family benefits may be paid:

  — up to the age of 25 provided that they are serving a recognised and supervised apprenticeship;

  — up to the age of 21 if they are at least 66% incapacitated;

  — up to the age of 25 for students;

  — up to the age of 25 if they are registered as seeking work after finishing their studies or apprenticeship, but for not more than 180 or 270 calendar days from the end of their studies or apprenticeship.

- **Benefits to which you may be entitled**

  You are entitled to family benefits for each qualifying child, at increasing levels for the second and third child. From the third child onwards, the amounts are the same.

  Entitlement to the basic family benefit is fixed for the duration of each quarter of the calendar year on the basis of your situation in the course of the ‘reference month’. This is the second month of the previous quarter if you were already entitled, or the month in which entitlement starts if you are becoming entitled for the first time.

  You are also entitled to age-related supplements once your children reach the ages of six, 12 and 18.

  Special supplements are awarded for handicapped children, for children of wholly unemployed persons receiving benefit, from the seventh month of unemployment, and of pensioners, and for
children of disabled employed persons. An increased family benefit is awarded for partial orphans if the surviving parent has not remarried and is not in cohabitation.

To qualify for the supplements linked to your social or employment status (supplements for the children of unemployed persons and pensioners and for the children of disabled workers), you must satisfy the same conditions as for basic family benefits. When you become entitled for the first time, if you meet all the statutory qualifying conditions in the course of a month, you will be paid the supplements on the first day of the next month, for the rest of that quarter and for the following quarter. You will then remain entitled for one quarter at a time provided you met these conditions at any time in the second month of the preceding quarter.

The supplements for handicapped children and increased family benefits are no longer awarded from the month following that in which the requirements are no longer satisfied.

A birth grant is awarded on the birth of a child. It can be applied for from the sixth month of pregnancy onwards and may be paid from the second month prior to the expected date of birth. Finally, an adoption grant is awarded upon the adoption of a child, which confers entitlement to family benefits.

- **How to obtain family benefits**

In order to receive family benefits, you must submit a claim to the child benefit fund (Caisse de compensation — Kinderbijslagfonds) of which your employer is a member. He will give you the address of the fund; you can obtain more details there.

Family benefits are paid to the person who brings up the child, usually the mother. Married children, children who have become independent, children over the age of 16 who have their own place of residence and do not form part of the household of the person responsible for their upbringing receive the family benefit themselves.

If your family is resident in a Member State other than Belgium, your claim must be accompanied by a form E 401 showing its composition.

Applications for maternity grants must be submitted to the competent child benefit fund. The municipal authorities also provide maternity (layette) and birth grants. These can be combined with childbirth allowances under the family benefits scheme for employed persons.
1. General

In Belgium, there is a compulsory social-security scheme for self-employed persons, covering:
- sickness insurance;
- invalidity insurance;
- insurance for old age and survivors;
- family benefits;
- pensions for divorced spouses;
- social insurance against the event of bankruptcy.

The scheme covers all self-employed persons and their assistants. Self-employed persons are persons who pursue an occupation which does not involve being bound by a contract of employment or conditions of service. Assistants are persons who assist or replace self-employed persons in the pursuance of their occupation without being bound to them by a contract of employment.

If you are self-employed, you must join a social insurance fund for self-employed persons within 90 days after you start working in Belgium.

- Contributions

You must pay a social-security contribution. This covers all branches of insurance and is calculated on the basis of your net professional income in the third calendar year preceding the year for which it is paid. The contribution rate is 16.70% of that part of your professional income that does not exceed an annually determined amount, and 12.27% of that part of your professional income which exceeds this amount, up to a fixed ceiling, which is also determined annually.

In any event, you must pay a minimum contribution. The part-time self-employed, that is, persons who also pursue another occupation (such as an employed person) as their main occupation, do not pay a contribution or pay only a reduced contribution (12.99%) if their professional income from self-employment does not exceed a certain amount, which is determined annually. Working pensioners are also exempted or pay a reduced contribution (12.99%) proportional to their professional income.

Contributions are paid quarterly to the social insurance fund (Caisse d’assurances sociales — Sociaal Verzekeringsfonds) of which you are a member.

If you are in or close to a situation of need, you may apply to be exempted from contributions. To do this, you must send a registered letter or personally hand in an application to the social insurance fund of which you are a member. The fund will then compile a dossier and forward it to the commission for exemption from contributions (Commission des dispenses de cotisations), WTC III, 18th floor (French section), or 19th floor (Flemish section), Boulevard S. Bolivar 30, B-1000 Brussels. This commission will make a decision on your case, and there is no right of appeal. Your application must be made within 12 months of the first day of the quarter following that for which the contribution is due.

- Appeals

If you disagree with a decision taken by a social-security institution, you may lodge an appeal within one month of the date on which you were notified of that decision. This appeal must be sent by registered letter to the office of the clerk of the labour court (Tribunal du travail — Arbeidsrechtbank) of the district where you live. You can also submit it in person.

If you are no longer resident in Belgium, you must send your appeal to the labour court of the district where you last lived or were resident in Belgium.

2. Sickness and maternity

Under this branch of insurance, you are entitled to:
- health-insurance benefits in kind;
- cash benefit in the event of incapacity for work;
- maternity benefits.

- Who is insured?

Health insurance covers self-employed persons, their assistants, persons receiving pensions under the scheme and widows/widowers of self-employed persons where the insurance history of the deceased spouse entitles them to a survivor’s pension. Also insured are their dependants and full orphans in receipt of family benefits.

Coverage for cash benefits for incapacity for work extends to all self-employed persons, including persons who are not capable of working and persons covered on the basis of ‘continued insurance’, but not pensioners and self-employed persons who do not pay full contributions.
Self-employed women are insured for maternity benefit, as are the wives of self-employed men who assist their husbands in their work, if they take out ‘incapacity for work’ insurance on a voluntary basis.

- **Qualifying conditions**
  You must be registered with a mutual insurance fund and must have paid your contributions on time. In order to be entitled to cash benefits, you must have been insured for six months and be certified as unfit for work.

- **Health care**
  Compulsory insurance covers only the following major risks:
  - treatment of certain mental illnesses, tuberculosis, cancer, etc.;
  - childbirth care;
  - hospitalisation;
  - major surgery;
  - specialist treatment;
  - clinical biology;
  - functional and vocational rehabilitation;
  - residential care in an old people’s home.

Self-employed workers can obtain supplementary insurance cover against minor risks (routine health care) from their mutual insurance fund.

When you receive medical treatment, you must pay the doctor’s fees. The percentages and maximum amounts reimbursed by the health-insurance fund are the same as for employed persons. You will have to bear a proportion of hospital costs yourself.

- **Cash benefit for incapacity for work**
  An allowance for incapacity for work is paid for a period of 11 months, from the second to the 12th month of such incapacity. No benefit is paid in the first month. The allowance is a fixed amount at one of two levels according to whether or not you have dependants.

For further information, contact your health-insurance fund (mutualité — ziekenfonds).

- **Maternity benefits**
  An (index-linked) allowance of EUR 943.14 (BEF 38 046) is awarded for the period of confinement. The claim must be submitted to the medical adviser of your health-insurance fund together with a copy of the birth certificate.

3. **Invalidity insurance**

If you have been receiving cash benefits for incapacity for work for the maximum period of 11 months and you are still incapable of working, you will be granted an invalidity allowance. The allowance is a flat-rate amount which varies only according to whether or not you have dependants.

- **Qualifying conditions**
  You must satisfy the conditions of eligibility for an allowance for incapacity for work under the sickness insurance arrangements. You must also be officially certified as unfit for any type of work whatsoever.

- **How to obtain the invalidity allowance**
  Your disabled status must be officially certified. To this end, you must send a certificate of incapacity for work to the medical adviser of your mutual insurance fund, either by post or delivered by hand. This form must be completed, dated and signed both by you and by the doctor treating you. Benefits are paid by the mutual insurance fund by the fifth day of each month for the preceding month. For further information, contact your mutual insurance fund.

4. **(Survivors’/old-age) pensions insurance**

Self-employed persons, their assistants, and survivors of a self-employed person or of an assistant are entitled to retirement and survivors’ insurance.

Retirement pensions are awarded to self-employed persons at a level depending on their insurance record and past earnings. Survivors’ pensions are granted to the survivors of self-employed persons on the basis of the insurance record of the deceased.

- **Qualifying conditions**
  The retirement age is 65 for both men and for women. A self-employed worker can apply for an early retirement pension from the age of 60 onwards. The pension is then reduced by 5 % for each year by which the date of retirement is brought forward.

A spouse who has been married for at least a year to a self-employed person is entitled to a survivor’s pension from the age of 45. There is no age requirement if the surviving spouse has at least one dependent child or is at least 66 % incapacitated for work.

Retirement and survivors’ pensions are paid only if the beneficiary does not work or his income is below a certain threshold.

- **How to obtain a pension**
  You must submit a claim to the mayor of the municipality (commune — gemeente) where you
are resident. If you are resident in another Member State, you may apply to the local pension institution in that State.

The pension is paid monthly by the national pensions fund (Office national des pensions, ONP — Rijksdienst voor Pensioenen), by postal order or by transfer to your post office account. If you are not resident in Belgium, it is paid by international money order.

For all further information, please apply to the municipal administration of your place of residence in Belgium or to the social insurance institute for self-employed persons (Inasti):

Institut national d’assurances sociales pour travailleurs indépendants (Rijksinstituut voor de Sociale Verzekeringen der Zelfstandigen), Place Jean Jacobs 6, B-1000 Brussels.

5. Divorced spouse’s pension

A divorced spouse who does not have a full insurance record may obtain a pension on the basis of the self-employed activity of his/her former spouse during the years of their marriage.

In principle, the divorced spouse’s pension is awarded from the first day of the month following that in which the applicant reaches the age of 65. It may be brought forward by up to five years, on the same terms as a retirement pension.

6. Family benefits

Self-employed persons and their assistants are entitled to family benefits. In principle, children qualify up to an age limit of 18 years but this can be extended under certain conditions (apprentices and students: 25 years). For a severely handicapped child, entitlement exists up to the age of 21.

The following benefits are provided:

— ordinary family allowances, at a rate identical to that under the employed persons’ scheme, except that it is lower for the first child;
— family allowances for orphans;
— family allowances for children of disabled self-employed persons;
— family allowances for handicapped children.

Supplements are granted according to the children's age. They are awarded from the first child onwards at the ages of six, 12 and 18 years, but not for an only child nor for the last-born. A birth grant is also awarded, at a level which depends upon the number of older siblings.

Finally, an adoption grant may be awarded when a child is adopted.

These benefits are awarded under the same terms as under the employed persons’ scheme (see Chapter I, Section 8 above).

• How to obtain family benefits

If you are entitled to family benefits, you must claim from the body responsible for paying them. This is almost always the social insurance fund (Caisse d’assurances sociales — Sociaal verzekeringsfonds) or the national auxiliary fund (Caisse nationale auxiliaire — Nationale hulpkas).

Family allowances are paid monthly, by postal order or by transfer. For all further information, contact one of the above bodies.

7. Social insurance against the event of bankruptcy

Social insurance against bankruptcy provides two months’ financial support for self-employed traders (in the event of bankruptcy) or other self-employed persons (in the event of a debt settlement plan) and entitles them to social cover for four quarters, subject to certain conditions.

You must apply to the social insurance fund with which you were last insured, by the end of the quarter following that in which you were declared bankrupt or, if you do not have a commercial business, by the end of the quarter following that in which you ceased self-employed activity.

8. Further information

You can obtain further information from the institutions which manage the different branches of social security. Their addresses are given in the various sections above.
DENMARK

1. Introduction
Social security benefits in Denmark include the following:
— medical care, hospital treatment, maternity care, cash benefits for sickness and maternity, and rehabilitation assistance (Section 2);
— benefits for accidents at work and occupational diseases (Section 3);
— early and standard retirement pensions, and supplementary pension. Early retirement pension also covers invalidity (Sections 4 and 5);
— death grants (Section 6);
— unemployment benefits (Section 7);
— family benefits (Section 8).

Contributions
Danish social-security systems are generally financed by taxation (taxes paid to the State, counties and local authorities).
However, in 1994 a general social-security contribution was introduced, the ‘labour market contribution’, to finance State spending on sickness, maternity and unemployment benefits, as well as early retirement pensions and rehabilitation assistance.

Employed persons and self-employed persons contribute to the three original labour market funds, which in 1999 amalgamated to form a single labour market fund.

The contribution amounts to 8 % of employees’ gross pay, or 8 % of self-employed persons’ income from self-employment.

Employers are responsible for collecting their employees’ contributions and transferring them (together with tax withheld at source) to the tax authorities.

The contribution paid to the labour market fund is not a social-security contribution as such, but is intended to fund benefits previously financed by taxation.

Who is covered by social security?
As most branches of Danish social security are compulsory, there are no conditions for inclusion in the various schemes. An exception is unemployment insurance (see Section 7).

Appeals
Information on how to appeal against the decisions of social-security institutions is provided in the various sections.

2. Sickness and maternity
A. MEDICAL CARE
All persons resident in Denmark are entitled to hospital treatment, maternity care and health-insurance benefits.

How to join the health-insurance scheme
When you move to Denmark you must register with the local authority where you live. At the same time you will be registered with the health-insurance scheme. Six weeks after your arrival you will be entitled to medical care and will receive a health service card.

If you have been a member of a State health-insurance scheme in another Member State, you can avoid the six-week waiting period. You must provide the local authority with evidence of your previous health-insurance cover, for example, form E 104, which you can get from your previous health-insurance fund.

Two categories of health service cover
There are two health-insurance groups, and you can decide yourself whether you want to be in group 1 or group 2. You may change groups once a year.

If you opt for group 1 insurance, you must be registered with a specific general practitioner who has a contract with the health-insurance scheme. In order to consult a specialist you will normally require a referral from your GP.

People insured in group 2 are completely free to choose any GP or specialist. They receive a contribution from the health-insurance scheme corresponding to equivalent treatment for a group 1 patient. The doctor will set his own fee.

Children under 16 go to the same doctor and come under the same insurance group as their parents or guardian.

Which benefits are you entitled to?
In the event of illness:
— treatment by your GP;
— treatment by a specialist, following referral by your GP;
— certain types of dental treatment;
— physiotherapy, following referral by a doctor;
— treatment by a chiropractor;
— chiropody, for certain groups of patient, following referral by a doctor;
— psychological help, for certain groups of patient, following referral by a doctor;
— medicines.

Consultation of a GP or specialist is free for people insured in group 1.

The health-insurance scheme pays between 35 and 65 % of the cost of other types of treatment, according to the scale agreed between the scheme and practitioners’ organisations.

The insurance scheme’s contribution to the cost of medicines depends on your total annual expenditure on eligible medicines. If this is less than DKK 500, there is no contribution. It then increases in steps: 50 % for expenditure between DKK 500 and 1 200, 75 % for expenditure between DKK 1 200 and 2 800, and 85 % for expenditure over DKK 2 800.

Children under 18 always receive a contribution of at least 50 % towards the cost of eligible medicines.

**Hospital treatment**

If you need hospital treatment, you can choose any public hospital in Denmark where the required treatment is available. Treatment is free of charge.

In most cases a referral from a doctor is required, except in the case of an accident or acute illness.

If you need highly specialised treatment, such as for a rare or complicated disease, you must have a referral from a hospital in your county of residence.

**Prenatal examinations and childbirth**

You are entitled to free examinations by a doctor and a midwife during pregnancy and childbirth. Childbirth in a hospital or other public institution and midwife services for a home birth are also free of charge.

**Medical care while travelling abroad**

If you go to another European country on holiday or to study for up to one month, you are covered by State insurance. This covers the costs of emergency medical treatment and transport home if prescribed by a doctor.

**Appeals**

If you disagree with a decision you have four weeks to lodge an appeal, from the date on which you received the decision.

Appeals against the local authority’s decision on health insurance can be lodged with the social tribunal (Sociale Nævn) in your county of residence.

Appeals against the county authority’s decision on health insurance, hospital treatment or maternity care can be lodged with the social appeals board (Sociale Ankestyrelse).

**B. SICKNESS BENEFIT IN CASH**

All persons receiving income from work, income substitutions such as unemployment benefits, or other earnings mainly derived from work are entitled to cash benefit in the event of illness. As a rule, entitlement is conditional upon such income being taxable in Denmark.

**Qualifying conditions**

Sickness benefit in cash is paid to compensate for loss of earnings in the event of incapacity for work owing to illness or injury (including accidents at work and occupational diseases). As an employed person, you are entitled to benefit from the first day of sickness. If you have worked for a private employer during the last eight weeks before your absence from work and if you were occupied for at least 74 hours during that period, the employer is obliged to pay sickness benefit for up to two weeks.

If your incapacity for work continues for more than two weeks or if you are not entitled to sickness benefit from your employer when you become unfit for work, sickness benefit is paid by the local authority, provided that you were in the labour market for the last 13 weeks before becoming ill and that you were occupied for at last 120 hours during that period.

If you are self-employed, sickness benefit in cash is paid by the local authority, but only from the end of a waiting period of two weeks. In order to qualify for benefit, you must have been mainly self-employed for at least six months during the last year, including one month immediately before your absence from work. You must inform the local authority of your illness no later than one week after a two-week period of illness.

Under a voluntary scheme, self-employed persons may pay additional insurance contributions in order to receive benefit during the first two weeks of illness as well.
**Amount of benefit**

Cash benefit is calculated on the basis of the hourly earnings to which you would have been entitled if you had not fallen ill. If you are self-employed, the benefit is calculated on the basis of income from self-employment.

However, there is a fixed maximum level of benefit which is linked to the average wage level. In the event of partial incapacity for work, cash benefit may be paid at a reduced rate. Benefit is paid for one week at a time.

Under the voluntary cash benefit scheme for self-employed persons, claimants are entitled to two thirds of the maximum benefit rate or to the full amount, depending on income level.

If certain conditions are fulfilled, cash benefits may be paid to you in another EU Member State if you take up residence there.

**How to obtain benefits**

If you are entitled to cash benefits from your employer, you must inform him as soon as possible on being taken ill and, if requested, produce supporting evidence, such as a doctor’s certificate. If you fail to supply the evidence requested, you cease to be entitled to sickness benefit from your employer.

If you are entitled to sickness benefit from the local authority, you must submit a claim on a special form, specifying the cause of your incapacity for work, no later than one week after your first day of absence from work or after the cessation of payment by your employer. The local authority may also require a medical certificate on a special form to be completed by your doctor.

If an employer fails to pay sickness benefit either wholly or in part and the local authority considers this to be unjustified, the local authority will pay an advance on the sickness benefit.

**Duration of sickness benefit**

The payment of benefit is discontinued once it has been paid for more than 52 weeks in the previous 18 months. However, this period does not include the first two weeks of any period of illness, nor periods during which benefit was paid for pregnancy, childbirth or adoption. There are various ways of obtaining an extension to this 52-week period.

Since sickness benefit in cash is a short-term benefit, the local authority reassesses the situation of the insured person at the latest after eight weeks of illness. If a benefit recipient has been off sick for six months, the local authority must draw up a monitoring plan.

Persons who receive a social pension or could have claimed such a pension because of ill health, and persons who have reached the age of 65 (67 for those who had reached the age of 60 on 1 July 1999) are entitled to sickness benefit for a limited period only (13 weeks over a 12-month period).

**C. MATERNITY AND ADOPTION**

Women resident in Denmark are entitled to free maternity care. The services provided include prenatal examinations, free transport for examinations and childbirth, and confinement in hospital or attendance by a midwife in the case of a home birth.

In addition, a cash benefit is payable for maternity or adoption. A woman who has been in employment during the 13 weeks prior to becoming entitled to maternity leave and has worked at least 120 hours during that period, or fulfils the requirements for being considered self-employed, is entitled to cash benefits for maternity and childbirth or adoption. Insurance periods completed in other Member States are counted as periods of employment.

Maternity benefit may be paid to the mother as from four weeks before the expected date of birth and continues after the birth for 24 weeks, of which the last 10 weeks may be shared between the parents. Independently of this, the father is entitled to cash benefit for two weeks within the first 14 weeks after the birth and for two weeks after the 24th week after the birth.

Similarly adoptive parents are entitled to cash benefit for 26 weeks from the date on which the child arrives in the household (the last two weeks for the father only).

The amount of benefit is calculated in the same way as sickness benefit (see Section B above). Claims for cash benefit for childbirth or adoption should be submitted to the local authority within nine months of the date of birth or of the arrival of the child in the family.

Cash benefits for childbirth or adoption are paid by the local authority. The employer pays benefit during absence from work for prenatal examinations.

**D. REHABILITATION BENEFIT**

If you are unfit for work following an illness or accident, you may be granted benefit for education, vocational training or retraining, if this is necessary to enable you to find new employment. Account will be taken of your existing means of support for yourself and your family.

Rehabilitation benefit may be granted to any person permanently resident in Denmark who is not entitled to financial assistance from the State’s
educational grant and loan scheme (Statens Uddannelsesstøtte) or from other schemes outside the scope of social legislation.

Rehabilitation benefit will be based on a predetermined programme; a fixed sum is paid out every month. Persons under the age of 25 receive benefit at a reduced rate. In addition to maintenance assistance, payments may also be made for special expenses connected with either the training or your disability, for example, for teaching material or transport.

If the rehabilitation benefit is for on-the-job training, it will be deducted from the wages paid.

The rehabilitation benefit is paid as long as the programme is adhered to, with a maximum period of five years.

- **How to obtain rehabilitation benefit**

To obtain rehabilitation benefit you should contact the local social and health department at your place of residence. In some cases (aids and appliances) the relevant decisions are not taken by the local authority but by the county authority. Further information on this matter may be obtained from your local authority.

**E. APPEALS**

If you disagree with a decision you have four weeks to lodge an appeal, from the date on which you received the decision.

Appeals against local or county authority decisions based on social legislation may be lodged with the social tribunal (Sociale Nævn). Only the person directly concerned by the decision may lodge an appeal against it.

You must appeal to the social tribunal responsible for the local or county authority which made the decision. There is a social tribunal for every county and for the municipalities of Copenhagen and Frederiksberg.

Social tribunal decisions are not subject to appeals to other administrative authorities.

However, the social appeals board (Den Sociale Ankestyrelse) may take up a case if it feels it is of general interest or an important principle is involved. The person directly concerned by a decision or a local or county authority may ask the board to take up a case.

**3. Accidents at work and occupational diseases**

All employed persons, even if employment is unpaid, are insured against accidents at work and occupational diseases. Certain categories of self-employed person are also obliged to take out insurance for themselves (such as fishermen and shipowners). Insurance against accidents at work and occupational diseases must be taken out with an insurance company recognised by the State.

Insurance covers all accidents and short-term harmful effects arising out of employment or attributable to working conditions, if they result in a permanent or temporary reduction of earning capacity. It also covers sudden injuries caused by lifting, listed occupational diseases, and harm sustained by a live-born child before birth as a result of the mother's work during pregnancy or any harmful exposure affecting the parents prior to conception. It does not, however, cover accidents sustained while travelling to or from work.

The employer must report accidents and occupational diseases to his insurance company within nine days. If he fails to do so, the person who has sustained the accident or contracted the disease, or his survivors, may apply directly to the insurance company or to the national board of industrial injuries (Arbejdsskadestyrelsen).

- **Benefits**

Benefits comprise:

- medical treatment, functional rehabilitation, and aids and appliances;
- compensation for loss of earning capacity (pension);
- compensation for permanent disability;
- compensation for loss of provider (pension);
- temporary allowance for survivors.

Medical treatment and functional rehabilitation are covered in cases where such measures are regarded as necessary to ensure the best chances of recovery or to consolidate the results of treatment, but only to the extent that the relevant costs are not borne by the health-insurance scheme and measures are not part of treatment in a public hospital.

In the case of short-term incapacity owing to an accident at work or occupational disease, sickness benefit is paid (see Section 2.B). However, when one year has passed since the accident occurred or the disease began, a decision must be taken where possible on compensation for the loss of earning capacity or for permanent disability.

Such compensation normally takes the form of a pension, but may be paid as a lump sum where the loss of earning capacity is less than 50%. In other cases, part of the compensation may be converted into a lump sum at the request of the beneficiary.

Compensation for the loss of earning capacity is intended to replace the loss of earnings caused by the occupational injury. It amounts to the difference between the income which victims could have earned if the injury had not occurred and the
income which they can be expected to earn taking account of the injury. To qualify for this compensation, the loss of earning capacity must be more than 15%. Benefit will amount to four fifths of annual earnings in the case of a complete loss, or proportionately less in line with the actual loss of earning capacity. There is, however, a predetermined maximum amount per year.

On reaching the age of 67 (65), beneficiaries may claim a retirement pension (folkepension), in which case the current incapacity benefit is terminated by a final lump-sum settlement.

Compensation for permanent disability is granted in respect of permanent handicaps to everyday living that are attributable to the medical consequences of the injury. The amount of this benefit varies with the severity of the injury in accordance with a fixed scale. Compensation for permanent disability is normally paid as a single lump sum.

Compensation for the loss of provider is granted to a surviving spouse or other surviving dependants, and is fixed at a level that takes account of the survivors’ ability to support themselves. It is paid for no more than 10 years and amounts to 30% of the deceased provider’s annual earnings. Each child usually receives an ongoing annual benefit of 10% of the deceased provider’s annual earnings (20% if the deceased person was the single parent of the child) until he or she reaches the age of 18 (21 if still in education or training).

A temporary allowance is paid to cover undocumented expenses incurred in connection with the death of the survivor’s spouse or partner. It takes the form of a single flat-rate payment.

- **Payment of benefits**

In the case of accidents and their consequences, pensions and lump sums are paid by the relevant insurance company. In the case of occupational diseases and sudden injuries caused by lifting, payments are made by the labour market’s occupational disease insurance fund (Arbejdsmarkedets Erhvervssygdomssikring). Pensions can be paid to you in another EU Member State if you reside there.

- **Appeals**

The national board of industrial injuries (Arbejdskadestyrelsen) will decide whether the case in question constitutes an accident at work or an occupational disease, whether the person concerned is entitled to compensation, and if so how much. If you disagree with its decision you may lodge an appeal with the social appeals board (Den Sociale Ankestyrelse) within four weeks of receiving the decision (extended to six weeks if you are in another European country). The addresses of the relevant institutions are listed in Section 9 below.

### 4. Early retirement pension

Disabled persons whose invalidity has not been caused by an accident at work or occupational disease are as a rule entitled to a type of early retirement pension known as **fortidspension**.

The following persons are entitled to this pension:
- Danish nationals;
- employed and self-employed persons who are nationals of other EU Member States;
- other foreign nationals after 10 years’ residence in Denmark.

- **Pension structure**

All Danish pensions consist of a basic rate (grundbeløb) and a pension supplement (pensionstillæg). Payment of the basic rate is subject to a means test of the pensioner’s income. The pension supplement depends on both the earnings of the pensioner and of his/her spouse.

Disabled persons receiving an early retirement pension may also qualify for:
- an invalidity supplement and possibly a supplement for work incapacity (not means-tested);
- a supplement for constant attendance or nursing if their condition requires this.

- **Qualifying conditions and types of pension**

In order to qualify for a pension, you must have lived in Denmark for at least three years between your 15th birthday and the day on which you apply for a pension. You must also be under the age of 65 (67) in order to receive an early retirement pension.

A full pension is payable if you have resided in Denmark for at least four fifths of the years between your 15th birthday and the date on which the pension is awarded. For shorter periods of residence the pension is determined on the basis of the ratio between the period of residence and four fifths of the period between your 15th birthday and the date from which the pension is paid.

You are entitled to a full early retirement pension if you have been resident in Denmark for four fifths of the period between your 15th birthday and the date from which the pension is paid.

If your earning capacity has been permanently reduced as a result of physical or mental disability, you may be awarded one of the three rates of early
retirement pension: the maximum rate, the intermediate rate or the general rate.

The maximum rate of early retirement pension, comprising the basic rate, the invalidity supplement and the supplement for incapacity for work, may be granted to persons between the ages of 18 and 60 whose residual earning capacity is negligible.

The intermediate rate of early retirement pension, comprising the basic rate and the invalidity supplement, may be granted to persons under the age of 60 whose earning capacity has been reduced by about two thirds, as well as to persons aged between 60 and 65 (67) whose residual earning capacity is negligible.

The general rate of early retirement pension comprises only the basic rate and may be granted to persons aged between 18 and 65 (67) whose earning capacity has been reduced by at least half owing to health or social reasons, and other persons aged between 50 and 65 (67) on health or social grounds. However, if the general rate is granted before the beneficiary reaches the age of 60, he or she will also receive the so-called early retirement supplement (fortidsbeløb). In such cases the pension is referred to as the increased general early retirement pension (forhøjet almindelig fortidspension).

A pension supplement may be added to all types of early retirement pension if the income of the pensioner and his/her spouse does not exceed a certain limit.

Early retirement pension ceases to be paid when the beneficiary reaches the age of 65 (67) and automatically becomes entitled to a standard retirement pension (folkepension), for which it is not necessary to submit an application (see Section 5 below).

Persons who in spite of a severe disability have such a high income that their earning capacity cannot be considered as having been substantially reduced may be awarded an invalidity allowance (invaliditetsydelse) instead of a maximum or intermediate early retirement pension. This is intended to cover the extra expenditure incurred by them in pursuing their occupation.

How to apply for a pension

You should submit your application to the local authority where you live. The local authority may start the process on its own initiative. It may require (and will cover the cost of) a medical certificate drawn up by your doctor on a special form.

An early retirement pension cannot be granted until all activity generation, rehabilitation and treatment options have been tried without success.

Payment of benefits

Pensions are paid at the end of each month. They are payable, at the earliest, from the first day of the month following the submission of the application. Early retirement pensions are payable, at the earliest, from the first day of the month following the decision to grant a pension, but no later than the first day of the month after the passing of three months since the start of the processing of the application.

Pensions are normally paid only to pensioners resident in Denmark or another EU Member State.

Appeals

If you disagree with the local authority’s decision concerning your pension entitlement, you may appeal to the local social tribunal (Sociale Nævn). All appeals must be lodged within four weeks. See also Section 2 (E — Appeals).

5. Retirement pension

In principle, all residents of Denmark are entitled to a standard retirement pension (folkepension) when they reach the age of 65 (67). Persons whose 60th birthday falls on or after 1 July 1999 will be entitled to a pension at 65.

In addition, there is a compulsory supplementary pension scheme (ATP).

A. STANDARD RETIREMENT PENSION (FOLKEPENSION)

The following persons are entitled to this pension:
— Danish nationals;
— employed and self-employed persons who are nationals of other EU Member States;
— other foreign nationals after 10 years’ residence in Denmark.

How to apply for a pension

You should submit your application to the local authority where you live. The local authority may start the process on its own initiative. It may require (and will cover the cost of) a medical certificate drawn up by your doctor on a special form.

An early retirement pension cannot be granted until all activity generation, rehabilitation and treatment options have been tried without success.

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Appeals

If you disagree with the local authority’s decision concerning your pension entitlement, you may appeal to the local social tribunal (Sociale Nævn). All appeals must be lodged within four weeks. See also Section 2 (E — Appeals).

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— employed and self-employed persons who are nationals of other EU Member States;
— other foreign nationals after 10 years’ residence in Denmark.

Pension structure

All Danish pensions consist of a basic rate (grundbeløb) and a pension supplement (pensionstillæg). Payment of the basic rate is subject to a means test of the pensioner’s income. The pension calculation entails a specific earnings deduction. The pension supplement depends on the earnings of the pensioner and his/her spouse.

Qualifying conditions and the different type of pension

In order to qualify for a pension, you must have lived in Denmark for at least three years between your 15th and 65th (67th) birthdays.

Entitlement to a full standard retirement pension is acquired after 40 years of residence in Denmark.
between the ages of 15 and 65 (67). Persons with a shorter period of residence have the right to a pension amounting to 1/40th of the full pension rate for each year they lived in Denmark between the ages of 15 and 65 (67).

The standard retirement pension consists of the basic rate and a pension supplement. Pensionable age is 65 (67). A pension supplement is paid if the income of the pensioner (and, if he/she is married, of his/her spouse) is below a certain level.

- **How to apply for a pension**
  You should submit your application to the local authority where you live, on a special form which is available from the authority.

- **Payment of benefits**
  Pensions are paid at the end of each month. They are payable, at the earliest, from the first day of the month following the submission of the application. Pensions are normally paid only to pensioners resident in Denmark or another EU Member State.

- **Appeals**
  If you disagree with the local authority’s decision concerning your pension entitlement, you may appeal to the local social tribunal (Sociale Nævn). All appeals must be lodged within four weeks. See also Section 2 (E — Appeals).

**B. SUPPLEMENTARY PENSION SCHEME FOR EMPLOYED PERSONS**
*(ARBEJDSMARKEDETSTILLÆGSPENSION, ATP)*

All persons aged between 16 and 66 who are employed in Denmark are covered by the ATP scheme, provided that they work at least nine hours a week. Employed persons who become self-employed can continue to be covered by the ATP scheme under certain conditions. In this case, they have to pay the full amount of contributions themselves. Otherwise, contributions to the ATP scheme are paid jointly by the employer and the employee. The employer pays two thirds and the employee one third of the contribution. The employer is responsible for paying the employee’s share.

For persons covered by the ATP scheme who are not working full time, the payment due is either two thirds or one third of the full contribution rate.

- **Payment of ATP pensions**
  ATP pension is paid either as an old-age pension or as a lump sum payable on the death of an employed person. The amount depends on how long the person concerned was covered by the scheme and on the amount paid in contributions.

An old-age pension is normally granted as an ongoing benefit, but small pensions may be paid as a single lump sum.

On the death of an employed person, a single lump sum may be paid to the surviving spouse and surviving children under the age of 18. The sum paid to the spouse is calculated on the basis of the capital value of the deceased provider’s acquired pension rights, whereas the sum paid to the children is equivalent to one year of acquired pension rights at the time of the provider’s death.

ATP pension is granted on request from the age of 67. It is paid in addition to the standard old-age pension (see above).

If an application for an ATP pension is submitted after the age of 67, the amount is increased by around 10% for each year that the claim is postponed, up to the age of 70. Similarly, the amount is reduced if a pension is claimed at the age of 65.

- **How to apply**
  Entitled persons are normally sent an application form by the ATP administration. The form is also available from banks, local authorities and the ATP office. Claims should be sent to the address given in Section 9 below.

An ATP pension is normally paid in advance every month into the beneficiary’s current or savings account or by postal giro. Small pensions can be paid once a year.

If you disagree with a decision of the ATP office concerning membership, contributions or pension entitlement, you may lodge an appeal with the supplementary pensions scheme appeals tribunal (Ankenævnet for Arbejdsmarkedets Tillægspension) within four weeks (see Section 9).

### 6. Death grants

The health-insurance fund may pay out a death grant if the deceased person was entitled to health-insurance benefits. The amount depends on the deceased person’s family and financial circumstances. For persons under 18 there is a flat-rate grant which is not means-tested.

### 7. Unemployment insurance

Unlike other types of social insurance, unemployment insurance is voluntary. The unemployment insurance funds *(arbejdsløshedskasserne)* are associated with the trade unions and organised by occupation. There are 35 funds, of which two are for self-employed persons. One of the unemploy-
ment insurance funds for wage and salary earners is interdisciplinary.

If you are covered by unemployment insurance in another EU Member State, you must, when taking up employment in Denmark, join the recognised unemployment insurance fund for your occupation. Otherwise you will not be entitled to unemployment insurance benefits from Denmark. You may also choose to join the interdisciplinary unemployment insurance fund. If you are self-employed, you may join one of the two unemployment insurance funds for self-employed persons.

Please consult the Labour Directorate (Arbejdskontoret) (see Section 9) to find out which unemployment insurance fund is responsible for your occupation.

- **Who can join an insurance fund?**

Persons who are resident in Denmark and aged between 16 and 63 can join an unemployment insurance fund. Applicants must be able to prove that immediately before joining they were in one of the following situations:

- working as an employee in an occupation covered by the fund;
- attending a vocational training course of at least 18 months' duration or a vocational training course under the Basic Vocational Training Act (in this case, new members may join and be entitled to benefit one month after completing the training);
- self-employed or participating in the business activities of their self-employed spouse;
- performing military service;
- performing a public function such as mayor, councillor, chairman of a committee, MP, member of the government or MEP.

Membership may be on a basis of full-time or part-time insurance. Members must pay an unemployment insurance contribution.

- **Amount of benefit**

Unemployment benefit amounts to 90% of previous income from employment, but not exceeding the maximum of DKK 570 a day or DKK 2 850 a week (in 2000). In the case of part-time insured persons, benefit amounts to a maximum of two thirds of the amount for full-time insured persons, that is, DKK 380 a day or DKK 1 900 a week in 2000.

A lower rate of 82% of the maximum applies to persons who have joined the fund on the basis of having received vocational training but who have not been in employment to a significant extent for a period of 12 weeks after completion of their training.

The amount of unemployment benefit payable to self-employed persons is normally calculated on the basis of their average earnings from work during the best two complete financial years out of the last five before unemployment.

- **Qualifying conditions**

In order to qualify for unemployment benefit, you must be out of work, have registered with a public employment service (Arbejdsmarkedsindikat), be actively looking for work and be available for the labour market.

Entitlement to unemployment benefit is normally acquired after one year's membership of a recognised unemployment fund. Furthermore, the first time you apply for unemployment benefit you must have worked as an employee for a period equivalent to the normal full working time for the occupation (typically 37 hours a week) for at least 52 weeks in the last three years or have been self-employed to a significant extent over an equivalent period.

A member who satisfies the conditions may receive benefit for four years, divided into a benefit period of one year and an active period of three years.

For young people under 25, the benefit period is six months and the active period three and a half years. A member who has reached the age of 60 cannot obtain benefit for more than two and a half years. Periods of insurance and/or employment in another Member State can, under certain circumstances, be taken into account for the purposes of entitlement to benefits etc. including early retirement allowance.

- **Early retirement allowance from an unemployment insurance fund**

Employed and self-employed persons who are members of an unemployment insurance fund and are aged over 60 but under 65 can obtain an early retirement allowance, regardless of whether they are currently employed or unemployed.

To qualify, you must be resident in Denmark, Greenland, the Faeroe Islands or another EEA country and as a rule must have been a member of an unemployment fund for at least 25 years out of the last 30. You must also have paid early retirement contributions for the same period and must be eligible for unemployment benefit at the time of transfer to early retirement allowance.

Further information on entitlement to early retirement allowance etc. is available from the Labour Directorate (Arbejdskontoretet).
Appeals

Appeals against a decision of an unemployment fund concerning membership, benefits, etc. may be lodged with the director of the unemployment insurance system within four weeks. Appeals against the latter’s decisions may be lodged within the same period with the unemployment benefit appeals tribunal (Arbejdsmarkedets Ankenævn). See list of addresses in Section 9.

8. Family benefits

Child benefit (børnefamiliedyelse) is paid for all children under 18. There are three rates: for children up to the age of three, those between three and seven, and those between seven and 18.

In special cases, you may also be entitled to one or more types of child allowance (børnetilskud).

Ordinary child allowance (ordinært børnetilskud) is granted to children of lone parents and children whose parents are both in receipt of a standard or early retirement pension. The age limit is 18.

Supplementary child allowance (ekstra børnetilskud) is granted to lone parents whose children receive the ordinary child allowance. Only one supplementary child allowance per provider can be granted, regardless of the number of children.

Special child allowance (særligt børnetilskud) is granted where a child no longer has both parents, or where one or both parents receives a standard or early retirement pension. It may be combined with the ordinary and supplementary child allowances. The age limit is 18.

Qualifying conditions

Entitlement to both child benefit and child allowance is subject to the following conditions:

— the child must live in Denmark;
— the child must be single;
— the child must not be living away from home under the social assistance act and must not otherwise be supported from public funds.

An additional condition for entitlement to child benefit is that the person who has custody of the child is fully liable to taxation in Denmark.

An additional condition for entitlement to child allowance is that the child or the person who has custody of the child has Danish citizenship or has been ordinarily resident in Denmark for the previous year or (for entitlement to the special child allowance) for the past three years.

The conditions concerning taxation liability, citizenship and domicile/residence in Denmark are waived where required under Community law.

If your children reside in another Member State while you are employed or self-employed in Denmark, you are entitled to Danish child benefit, and possibly child allowance. However, if the other parent is employed or self-employed in the State where the children live, family benefits should normally be granted by that State.

If your children do not live in Denmark, you should obtain form E 401 (certificate concerning the composition of the family) from the local authority and have it certified by the population registry or a similar authority in the country where the children live. This procedure must be repeated annually.

How to obtain family benefits

Child benefit and child allowance are paid quarterly in advance, normally to the mother. Child benefit is paid by the Ministry of Taxation, Central Customs and Tax Administration (Told- og Skattestyrelsen), while child allowance is paid by the local authority.

Child benefit and special child allowance are as a rule paid automatically; you do not have to submit a claim. For supplementary child allowance and ordinary child allowance for children of lone parents, a claim must be submitted to the local authority.

Appeals

If you disagree with a decision taken by the local authority concerning entitlement to child benefit or child allowance, you may lodge an appeal with the social tribunal (Sociale Nævn). There is a tribunal in every county. However, decisions concerning the tax liability condition are the responsibility of the Customs and Tax Authority (Told- og Skatteregionen) in your place of residence. In both cases, appeals against decisions must be lodged within four weeks.

9. Further information

Names and addresses of the main social-security institutions in Denmark:

Arbejdsmarkedets Ankenævn (Unemployment Benefit Appeals Tribunal)
Nytov 11-13
DK-1450 København K

Ankenævnet for Arbejdsmarkedets Tillægspension (ATP) (Supplementary Pensions Scheme Appeals Tribunal)
Holmens Kanal 20
DK-1060 København K

Arbejdsmarkedets Tillægspension (ATP) (Supplementary Pensions Scheme)
Kongens Vænge 8
DK-3400 Hillerød
1. Introduction

The purpose of this part of the guide is to inform you of your social-security rights and duties as an employed person or as a self-employed person in Germany. Any additional information you may require can be obtained from the competent insurance institutions listed in Chapter 11 below. The addresses and telephone numbers of the liaison bodies for dealings in the field of social security with every other EU Member State are also listed in Chapter 11.

In the following chapters, you will find information concerning the following kinds of social-security benefits:

- sickness and maternity benefits (Chapter 3);
- benefits for persons in need of nursing care (Chapter 4);
- benefits for accidents at work and occupational diseases (Chapter 5);
- invalidity, old-age and death pensions (Chapters 6, 7 and 8);
- unemployment benefit (Chapter 9);
- family benefit (Chapter 10).

For the new Länder, special regulations apply in some cases. These are not dealt with here.

How to register

As soon as you have taken up employment, your employer will take the necessary steps to register you for social security. You will first be registered with the sickness insurance fund (Krankenkasse), which will then inform the competent pension and unemployment insurance bodies. You will be given an insurance number under which the pension insurance institution will record your periods of insurance and your contributable income.

Upon taking up employment for the first time, you will receive a social insurance identity card (Sozialversicherungsausweis or SV-Ausweis) from the pension insurance institution. This contains your surname, maiden name (where appropriate) and given name and your insurance number. For certain occupations (such as the building trade) the SV-Ausweis must contain a photograph and you must carry it at all times while at work.

If you are self-employed, you, yourself, should register with the competent sickness fund (Krankenkasse). You can obtain all further information from the sickness fund.

Contributions

You have to pay contributions for sickness, nursing-care, unemployment and pension (invalidity, old-age and survivors’ insurance). The amount of your contribution is determined as a certain percentage of your earnings. In principle, half of the contribution has to be paid by you while your employer pays the other half. However, if you are self-employed, you, yourself, have to pay the full amount of contributions.

Your employer is responsible for the actual payment of contributions every time your wage or salary is paid.

You do not have to pay contributions for insurance for accidents at work (these are paid by your employer) and family benefits (financed from the State budget).

The contribution rate for sickness insurance is, on average, 13 % of your earnings up to a certain limit fixed each year (EUR 3 297.83 (DEM 6 450) per month in 2000). The contribution rate for nursing-care insurance (Pflegeversicherung) is 1.7 %. In each case, half of the contribution is paid by your employer, unless you are self-employed.

Under the pension insurance schemes for manual and clerical workers, the contribution rate is 19.3 % (2000) of your earnings up to a certain limit fixed each year (EUR 4 397.11 (DEM 8 600) per month in 2000). Half of the contribution is paid by your employer, unless you are self-employed. The contribution rate for unemployment insurance is 6.5 % (2000) of your earnings up to the same limit as for pension insurance. Half of the contribution is paid by your employer.

The above figures differ in part in the new Federal Länder.

2. Social security institutions

The bodies listed below are the main social insurance institutions in the respective fields of social security. The insurance institutions have set up liaison bodies for dealings in the field of social security with the other EU Member States. If you have problems or questions concerning social security in Germany and one or more other Member States, you should get in touch with the competent liaison body. The addresses are listed in Chapter 11 below.
Sickness and maternity insurance

You will be insured with a local general sickness fund (Allgemeine Ortskrankenkasse, AOK), a supplementary sickness fund (Ersatzkasse), a company sickness fund (Betriebskrankenkasse, BKK), a trade guild sickness fund (Innungskrankenkasse, IKK), the federal insurance fund for miners (Bundesknappschaft) or the sickness insurance fund for seamen (See-Krankenkasse). You may obtain further details from any of these statutory bodies or from your employer.

Insurance against accidents at work

Depending on the economic sector in which you are employed or self-employed, you are covered by an accident insurance association (Berufsgenossenschaft) in the field of industry or agriculture, or by the corresponding association for mariners.

Pension insurance

For invalidity, old age and death, you may be insured with one of the following:

— one of the regional insurance offices (Landesversicherungsanstalten), for manual workers and certain categories of self-employed persons, in particular self-employed craftsmen;
— the Federal Insurance Office for Employees (Bundesversicherungsanstalt für Angestellte), for salaried employees, self-employed artists and publicists and certain other categories of self-employed persons;
— the federal insurance fund for miners (Bundesknappschaft), for manual and clerical workers in the mining industry;
— the mariners’ insurance fund (Seekasse), for mariners, salaried employees in the seafaring industry and pilots;
— the insurance fund for manual workers and salaried employees of the German railways (Bahnversicherungsanstalt für Arbeiter und Angestellte der Deutschen Bahn AG).

Unemployment insurance and family benefits

Both unemployment benefits and child benefits are administered by the Federal Employment Office (Bundesanstalt für Arbeit) and its local employment offices (Arbeitsämter).

3. Sickness and maternity

The sickness insurance scheme protects you and the entitled members of your family in the case of illness and maternity. The following benefits are provided:

— benefits in kind: health care, medicines and preventive medical examinations (see Section A below);
— cash sickness benefits (Section B);
— maternity benefits (Section C).

The scheme also provides death grants, see Chapter 8 below.

The following categories of persons are subject to compulsory insurance:

— employed persons with earnings below a certain limit, as well as persons receiving vocational training;
— unemployed persons receiving benefits from the employment office;
— students and trainees, artists and publicists;
— pensioners and pension claimants who have provided proof of having completed the prescribed insurance periods (where appropriate, taking account of periods completed in other Member States).

Persons in marginal employment (in 2000, earning up to EUR 322.11 (DEM 630) per month and working less than 15 hours a week) are not compulsorily insured.

Under certain conditions, persons who are no longer covered by compulsory insurance may join the sickness insurance scheme on a voluntary basis. The same applies to employed persons who take up employment in Germany for the first time and whose income exceeds the limit up to which insurance is obligatory (EUR 3 297.83 (DEM 6 450) per month in 2000).

If you wish to apply for voluntary continued insurance, you must do so within three months of the date on which you ceased to be covered by compulsory insurance. The application for voluntary insurance should be made to the relevant sickness fund mentioned in Chapter 2 above.

Family insurance

Members of your family residing in Germany are entitled to sickness benefits in kind in the same way as you yourself. As a rule, family members are your spouse and your children up to the age of 18 or, if they are not pursuing any gainful activity, up to the age of 23 or, if they are in vocational training or studying, up to the age of 25. In order to qualify, they must not be personally insured under sickness insurance or be self-employed or have an income in excess of a specified limit (EUR 327.23 (DEM 640) per month in 2000). Any change of circumstances that may affect the grant of benefits (level of income, change in place of residence, etc.) must be reported to the sickness fund without delay.
Members of your family who reside in another Member State or who are temporarily staying in another Member State may also be entitled to sickness benefits. Your sickness fund will inform you of the formalities to be fulfilled in order to receive these benefits.

A. HEALTH BENEFITS IN KIND

- **Preventive examinations**
  For the early detection of diseases, you and the members of your family are entitled to the following preventive medical examinations:
  - examinations for the early detection of children’s diseases up to the age of six and from the age of 10;
  - yearly examinations for the early detection of cancer for women from the age of 20 and men from the age of 45;
  - every two years, a general medical examination for the early detection of, in particular, heart, circulatory and kidney diseases or diabetes for insured persons from the age of 35.

Furthermore, preventive and rehabilitation measures (in-patient and out-patient) are also covered by the sickness funds.

- **Medical treatment**
  For as long as you are insured, you and the members of your family are entitled to treatment by general practitioners, specialists and dentists.

  Before any treatment, you must present the doctor concerned with a sickness insurance card (*Krankenversicherungskarte*). In an emergency, the doctor will treat you without requiring this card; in this case, you should provide him with the name and address of the sickness fund with which you are insured.

  Treatment is provided by doctors or dentists who have contracts with the sickness funds — more than 90% of all established medical practitioners — from whom you may choose at the commencement of treatment or at the beginning of each calendar quarter. A list of these medical practitioners is available at your sickness fund.

  If your doctor considers it necessary to refer you to a specialist or a polyclinic or similar institution, he will give you a referral note (*Überweisungsschein*).

- **Medicines, aids and appliances**
  Medicines are available on prescription from a sickness fund doctor and can be obtained from all pharmacies. As a rule, you must pay the pharmacy EUR 4.09, 4.60 or 5.11 (DEM 8, 9 or 10) for each medicine prescribed. However, you must pay the full cost of medicines taken for certain illnesses such as the common cold or influenza and for other minor ailments.

  You are also entitled to therapy (physiotherapy, massage, etc.). From the age of 18, however, you must pay 15% of the cost.

  The sickness fund normally assumes financial responsibility for the cost of spectacle lenses, prostheses and other aids and appliances up to a fixed amount. The relevant prescriptions must first be submitted to the sickness fund for approval.

- **Dental treatment**
  You pay 50% of the approved rates for dentures and crowns. This percentage will be reduced by a further 15% if you undergo preventive examinations every year and your teeth show signs of regular care.

  You pay 20% of the cost of orthodontic treatment (the prevention and correction of irregularities of the teeth). However, you are refunded this 20% after the treatment has been completed.

- **Domestic nursing care and domestic help**
  If the circumstances in your household are such that you cannot be given the necessary care and attention by a person living in your household when you are ill, the sickness fund will pay not only for the medical treatment but also for the necessary domestic nursing care by qualified nursing staff. This entitlement exists, however, only where you cannot be hospitalised. In principle, entitlement to domestic care is limited to four weeks per case of sickness.

  You may also receive domestic help where, as a result of your illness, you cannot carry out your household duties. This benefit is provided, however, only if your household includes a child who is below the age of 12 or is disabled and who cannot be looked after by another person at home.

- **Hospital treatment**
  You are entitled to any form of hospital treatment you may require. The need for hospital treatment must be confirmed in a certificate from the doctor. Except in the case of emergencies, an application must be made beforehand to the sickness fund for coverage of the costs. For up to 14 days per calendar year, you must pay the hospital a small fee (EUR 8.69 (DEM 17)) for each day in hospital.

- **Lapsing of benefit entitlements**
  If you leave the insurance scheme, you continue to be entitled to benefits for up to one month after termination of your affiliation, provided you do not exercise any gainful activity.
● **Travel expenses**

Under certain conditions, travel expenses incurred for the purpose of obtaining medical treatment may be partially or wholly paid for by the sickness fund. You pay a charge of EUR 12.78 (DEM 25) per journey, but may be exempted from this requirement in cases of hardship.

B. **CASH SICKNESS BENEFIT**  
( **KRANKENGELD**)

If you become unfit for work as a result of illness through no fault of your own, your employer will, as a rule, continue to pay your wage or salary during the first six weeks of incapacity for work. If you are unfit for work, you must notify your employer immediately of your incapacity and of the illness and its likely duration.

By the third day at the latest, your doctor must examine you and draw up a certificate confirming your incapacity and its likely duration. The doctor will send the certificate to your sickness fund, and you should send a copy to your employer.

Sick persons whose wage or salary is not paid or who are no longer paid by their employer are entitled to cash benefit ( **Krankengeld**) payable by the sickness fund. The amount of benefit is 70% of your last regular earnings ( **Regelentgelt**), but it may not exceed 90% of your regular net earnings.

Cash sickness benefit is paid up to the end of the certified period of incapacity for work. For one and the same illness, however, the cash sickness benefit cannot be claimed for more than 78 weeks during a period of three years. At the end of the three-year period, there are certain conditions under which payment for a further period of three years is possible.

Persons receiving other benefits such as invalidity benefits or benefits from abroad will have the cash sickness benefit either withdrawn or reduced.

If you are called up for a medical examination, you must attend punctually. Unless you have very good grounds for doing so, failure to attend a medical examination to which you have been called may result in your cash sickness benefit being withdrawn.

If you are receiving another benefit (a pension, for instance) or if your illness is attributable to an accident at work or to an occupational disease, you must inform your sickness fund. For the duration of your incapacity for work, you may not leave Germany without permission from your sickness fund. If you do so without this permission, this may result in loss of benefit.

**Cash sickness benefit for a sick child**

If your child (up to the age of 12) is taken ill and is in need of care in the opinion of your doctor, you are entitled, every calendar year, to claim cash sickness benefit for up to 10 working days for each child (up to a maximum of 25 working days in all) if there is no one else available in your household to lend assistance. This applies only if the child is covered by a statutory insurance scheme.

C. **MATERNITY BENEFITS**

All women entitled to health benefits in kind (see Section A above) are also entitled to health benefits during pregnancy and after delivery. If you are pregnant, you should obtain a maternity card ( **Mutterschaftspaß**), which contains information about your entitlement to further examinations. Maternity benefits in kind include:

- attendance by a doctor and assistance from a midwife during pregnancy and after delivery;
- assistance from a midwife and, if necessary, a doctor during delivery;
- drugs, medicines, bandages and other medical remedies;
- coverage of the costs in the case of a hospital delivery;
- entitlement to domestic nursing care;
- entitlement to home help.

Apart from benefits in kind, you may also be entitled to maternity allowance. Maternity allowance is paid for six weeks before and eight weeks after confinement (12 weeks in the case of premature or multiple births). The amount is dependent upon your wage or salary and will not exceed EUR 12.78 (DEM 25) per day. The difference between this allowance and your wage or salary will be paid by your employer. The allowance is not paid to women whose employer continues to pay their wage or salary during the period before and after confinement.

If your insurance cover does not give you entitlement to maternity benefit, you will receive a confinement benefit to the amount of EUR 76.69 (DEM 150).

4. **Benefits for persons in need of nursing care**  
(Leistungen bei Pflegebedürftigkeit)

The Nursing-Care Insurance Act (Pflegeversicherungsgesetz) entered into force on 1 January 1995. The law is intended to cover the cost of long-term nursing care for persons who need such care. It covers persons who receive care at home as well as persons who receive care in a nursing establishment. Both categories must pay for board and lodging themselves.

The amount of benefit depends on the degree to which a person is in need of such care and on
whether the care is provided by a nursing service
or by someone chosen by the person concerned. If
the care is provided by a nursing service, the
benefit may amount to a maximum of EUR 383.47
(DEM 750) per month for someone who needs
regular care, EUR 920.33 (DEM 1 800) for
someone who needs considerable care, and EUR
1 431.62 (DEM 2 800) for someone in need of
constant care. If the care is provided by someone
chosen by the person in need of care, the benefit
amounts to a maximum of approximately half
these figures. If the person who normally provides
nursing care cannot do so, the competent fund
(Pflegekasse) will pay for a substitute once every
year for up to four weeks.

Persons who provide nursing care are insured
against the risk of accidents. They also have to pay
contributions for pension insurance. These con-
tributions are regularly paid by the nursing-care
fund (Pflegekasse) responsible.

The amount of benefit for those who are in need of
long-term care in a nursing establishment will
normally be around EUR 1 278.23 (DEM 2 500)
and may not exceed EUR 1 431.62 (DEM 2 800)
(EUR 1 687.26 (DEM 3 300) in exceptional cases).

5. Accidents at work and
occupational diseases

The accident insurance scheme covers you while
at work or while travelling to or from work. The
coverage includes measures to prevent accidents
as well as benefits in the case of injury. If an
accident occurs at work or while you are travelling
to or from work, you should report it to your
employer immediately.

All persons who are employed under an employ-
ment contract, service contract or apprenticeship
contract are subject to compulsory accident
insurance. Insurance cover extends also to chil-
dren attending day-care centres, pupils attending a
school providing general education and students
at establishments for higher education.

Self-employed persons, who are not covered by
statutory accident insurance, may join the acci-
dent insurance scheme on a voluntary basis.

For the prevention of accidents, there are regu-
lations under which employers are obliged to fit out
and maintain their premises in such a manner that
the worker is protected against accidents and
occupational diseases. These accident prevention
regulations must be strictly adhered to.

In the event of injury, the following benefits may
be granted:
— first aid and curative treatment;
— injury benefit;
— vocational rehabilitation measures;
— injury pension (Verletztenrente);
— survivors’ pensions and death grant in the
case of death.

Entitlement to benefits arises following the occur-
rence of an occupational accident or disease.

There is no need for the person affected or the
survivors to apply for benefits as these are
determined automatically by the competent in-
stitution. The employer is obliged to report all
accidents to the Accident Insurance Association
(Berufsgenossenschaft).

○ Curative treatment and injury benefit
(Verletztengeld)

Curative treatment comprises medical treatment,
the supply of medicines, other therapeutic remed-
ies and prostheses and treatment in hospital or in a
special medical establishment.

You will be paid injury benefit while receiving
curative treatment. The amount is around 80 % of
your earnings. The injury benefit is awarded
following the period of entitlement to continued
payment of wages for up to a maximum of 78
weeks. The benefit is withdrawn when you are
awarded an invalidity pension.

○ Vocational assistance

Vocational assistance benefits (Berufshilfe) com-
prise the following measures:
— assistance in keeping or finding a job;
— vocational guidance, trial working, voca-
tional preparation and, where appropriate,
any basic initial training required as a result
of a disability;
— continuing training and retraining.

As a rule, an interim allowance (Übergangsgeld) is
paid for the duration of vocational assistance.

○ Injury pension (Verletztenrente)

When your incapacity for work ends, an injury
pension is paid if your earning capacity has
dropped by at least 20 % for longer than 26
weeks as the result of the accident. The amount of
the pension depends on the degree to which your
earning capacity has been reduced and on the
amount of your previous annual income.

If, as the result of your incapacity, you are in need
of nursing care, you are entitled to nursing benefits
in addition to your pension.

○ Survivors’ pensions
(Hinterbliebenenrenten)

Survivors’ pensions are paid if an accident at work
or occupational disease results in death. As the
spouse of a deceased insured person, you are
entitled to a survivors’ pension from the accident insurance scheme. The pension amounts to 40% of the last gross earnings of the deceased person, if you are over 45 years of age or disabled or rearing a child. If you are younger and are not rearing a child, the amount of the pension will be 30% of the last gross income. If you are in receipt of any other income, your pension will be reduced if this income exceeds a certain amount.

Children under the age of 18 receive an orphan’s pension (Waisenrente). A partial orphan (a child who has lost one parent) receives 20%, a full orphan 30% of the previous income of the insured person. If a child is still receiving education, the pension is paid up to the age of 27.

Under certain conditions, a lump sum (Abfindung) can be paid instead of an invalidity or survivors’ pension. If you are interested in such a settlement, please apply to the accident insurance association (Berufsgenossenschaft) from which you receive your pension.

**Death grant**

Where death has occurred as the result of an accident at work or an occupational disease, a death grant (Sterbegeld) is paid. The amount in question corresponds to one seventh of the reference sum (EUR 3 926.72 (DEM 7 680) in 2000).

### 6. Invalidity pensions

All manual workers, salaried employees and trainees covered by compulsory pension insurance (Rentenversicherung) are insured against invalidity. For persons in permanent marginal employment, that is, persons who regularly work fewer than 15 hours a week and whose weekly earnings do not normally exceed EUR 322.11 (DEM 630) per month (in 2000), the employer pays contributions of 12% to the statutory pension insurance scheme and 10% to the statutory sickness insurance scheme.

Compulsory insurance extends also to a mother or a father rearing his/her own child. For children born after 1 January 1992, a child-rearing period for the duration of the first three years is recognised as an insurance period.

Other persons compulsorily insured are those in receipt of wage-compensating benefits (sickness benefit, unemployment benefit, injury benefit and temporary benefit (Übergangsgeld) provided they were compulsorily insured before they received such a benefit.

Certain categories of self-employed persons (such as craftsmen and publicists) are also compulsorily insured. Other self-employed persons may join a compulsory pension scheme voluntarily, but only within five years of commencing the self-employed activity concerned. For as long as they continue to be self-employed, they are subject to compulsory insurance under the same conditions as those applicable to employed persons.

Finally, persons who are not subject or who are no longer subject to compulsory insurance under German law may join the pension insurance scheme on a voluntary basis. An EC national may take out voluntary insurance within the territory of the EC even where he or she is no longer resident in the Federal Republic of Germany, provided that he or she has paid at least one contribution to the German pension insurance scheme.

Please note that, as a matter of principle, pensions are awarded only if applied for. The application should be made to the competent social insurance institution (see Chapter 2 above).

- **Pension for general invalidity** (Erwerbsunfähigkeit)
  
  This pension is awarded in the case where, for health reasons, an insured person is no longer capable of earning a living on a regular basis or is unable to earn more than EUR 322.11 (DEM 630) per month (in 2000).

  In order to qualify for a pension, you will have to provide proof of having been insured for at least 60 contribution months (qualifying period). In addition, you must provide proof of having been compulsorily insured for three years in the last five years before the onset of invalidity. This five-year period can be extended to include, for instance, periods of unemployment and periods of child-rearing.

  Where an insured person becomes incapacitated less than six years after completing education or training, the qualifying conditions are eased.

- **Pension for occupational invalidity** (Berufsunfähigkeit)

  An insured person is considered to be suffering from occupational invalidity if his capacity to earn has been reduced to less than 50% of the earnings of a healthy insured person with similar training and equivalent knowledge and skills.

  The qualifying conditions for this pension are the same as for the general invalidity pension.

- **Additional income**

  If you take up employment and earn an income in addition to your pension, this may result in the loss of your pension. You should therefore consult your pension institution before taking up such employment.
• **Special rules for miners**

If you are a miner, your ability to work is considered to be reduced if, as a result of illness or disability, you are no longer able to carry out your usual mining duties or similar duties, unless you are engaged in equivalent employment outside the mining sector. Additional income from employment not equivalent in financial terms to your previous employment does not affect your pension.

On reaching the age of 50, a miner is entitled to a pension if he is no longer in employment equivalent in financial terms to his employment as a miner. In order to be eligible for this pension, however, you must have completed a qualifying period of 25 years.

• **Rehabilitation measures**

Pension legislation recognises the principle of ‘rehabilitation in preference to pension’. If rehabilitation measures can maintain and improve the earning capacity of an insured person, the pension insurance institution will initially offer medical or occupational rehabilitation instead of a pension.

• **Amount of pension**

The amount of your pension will depend on the amount of social-security contributions paid by you in the course of your entire ‘insurance life’. The length of your insurance life can be longer than the total period during which you worked, since periods when contributions were suspended (for instance, periods of education) are also taken into account.

7. **Old-age pensions**

Everybody who is subject to compulsory pension insurance (see Chapter 6 above) is covered by old-age insurance.

Please note that, as a matter of principle, pensions are awarded only if applied for. The application should be made to the competent social insurance institution (see Chapter 2 above).

An old-age pension is seen as a reward for the work you have done in the course of your working life. To receive it, you must have reached a certain age and completed a minimum period of insurance (qualifying period).

All calendar months in which you paid contributions or were rearing a child under three years of age are taken into account for qualifying periods of five, 15 and 25 years. For the qualifying period of 35 years, training periods and periods in which you were rearing a child under 10 are also taken into account.

If, on reaching pension age, you wish to cut back on your professional activity without stopping completely, you may opt for partial retirement, that is, to receive your old-age pension in the form of a partial pension (one third, one half or two thirds of the full pension). You may also decide not to claim your pension for the time being. If, on reaching the age of 65, you do not claim an old-age pension or only claim a partial pension, your final full pension will be increased by 0.5 % per month (6 % per year) of the amount of pension you did not claim before.

• **Normal retirement pension (Regelaltersrente)**

This pension is awarded when you have reached the age of 65, provided that you can provide proof of an insurance period of five years.

There are no limits to the amount of income you may receive in addition to your pension.

• **Early pension**

An insured person who has completed a qualifying period of 35 years of insurance is entitled to an old-age pension from the age of 63. However, this age limit will be gradually raised to 65 for insured persons who were born after 31 December 1937.

Severely disabled persons and persons suffering from occupational invalidity or general invalidity are entitled to an old-age pension on reaching the age of 60, provided that they have completed a qualifying period of 35 years of insurance.

Old-age pension for unemployment (Altersrente wegen Arbeitslosigkeit) or after partial retirement (Altersrente nach Altersteilzeitarbeit) is awarded to insured persons who satisfy the following conditions:

— they must have reached the age of 60;
— they must have been unemployed upon receiving the pension and been unemployed for a total period of 52 weeks after reaching the age of 58 years and six months or have been partially retired for a period of 24 calendar months;
— they must have completed a qualifying period of 15 years of insurance;
— they must have a record of eight years of compulsory contributions in the last 10 years before acquiring the pension.

There are special rules for miners. They are entitled to an old-age pension on reaching the age of 60, provided that they have completed a qualifying period of 25 years of insurance.

• **Old-age pension for women**

Women are entitled to an old-age pension at the age of 60 if they can produce evidence of more
than 10 years of compulsory contributions after reaching the age of 40. The qualifying period is 15 years. However, the age limit will be gradually raised to 65 for insured women who were born after 31 December 1940.

- **Raising of the age limits**
  In certain cases, there are transitional arrangements for the raising of the age limits for early retirement pensions. Under these arrangements, the limits are not raised or are raised over a longer period.

- **Amount of pension**
  The amount of your pension will depend on the amount of social-security contributions paid by you in the course of your entire ‘insurance life’. The length of your insurance life can be longer than the total period during which you worked, since periods when contributions were suspended (for instance, periods of education and periods of invalidity pension) are also taken into account.

### 8. Survivors’ benefits

Everybody who is subject to compulsory pension insurance (see Chapters 6 and 7 above) is covered by survivors’ insurance.

Please note that, as a matter of principle, pensions are awarded only if applied for. The application should be made to the competent social insurance institution (see Chapter 2 above).

- **Pension for widowhood (Witwen- und Witwerrenten)**
  If the spouse of a deceased insured person has reached the age of 45 or is suffering from occupational or general invalidity or is rearing his/her own child or a child of the insured spouse, (s)he will receive a pension amounting to 60 % of the pension which the deceased person would have received (große Witwen-/Witwerrente).

  In all other cases, the surviving spouse will receive a pension to the amount of 25 % of the full pension which the deceased insured person would have received (kleine Witwen-/Witwerrente). The insured person must have completed a qualifying period of five years of insurance or have been in receipt of a pension at the time of death.

- **Orphan’s pension**
  If one of the parents is still alive, an orphan’s pension amounts to one tenth of the pension which the deceased insured person would have received. The qualifying period is the same as that for the pension for widowhood.

If both parents have died, an orphan’s pension generally amounts to one fifth of the pension which the deceased insured person would have received.

Entitlement to an orphan’s pension exists only until the orphan concerned has reached the age of 18. This age limit is extended to 27 if the orphan is receiving education.

- **Qualifying periods**
  All calendar months in which voluntary or compulsory contributions were paid are taken into account for the qualifying period of five years. When the insured person dies within six years of having completed his/her education or training, the qualifying conditions are eased.

  - **Additional income limits**
    The pension for widowhood is reduced if the surviving spouse’s own income (including pensions) exceeds a certain fixed net amount (EUR 655.74 (DEM 1 282.51) per month in the second half of 2000). This amount is increased for each child entitled to an orphan’s pension.

    An orphan’s pension can be reduced only after the orphan has reached the age of 18. In that case, an orphan’s income is taken into account if it exceeds a certain fixed amount (EUR 437.15 (DEM 855) per month in the second half of 2000).

- **Amount of pension**
  The amount of your pension will depend on the amount of social-security contributions paid by the deceased insured person in the course of his/her entire ‘insurance life’. The length of this insurance life can be longer than the total period during which the insured person worked, since periods when contributions were suspended (for instance, periods of education) are also taken into account.

- **Death grant**
  A grant is paid on the death of an insured person towards the funeral expenses, provided that the deceased person was covered by sickness insurance on 1 January 1989. It amounts to EUR 1 073.71 (DEM 2 100).

  On the death of a member of your family, a death grant of EUR 536.86 (DEM 1 050) may be payable under certain conditions.

### 9. Unemployment

All employed persons including trainees are covered by the unemployment insurance scheme. However, ‘marginal’ employment (fewer than 15 hours per week or monthly earnings of less than EUR 322.11 (DEM 630)) is not covered.
Unemployment insurance is administered by the Federal Employment Office (Bundesanstalt für Arbeit), which provides assistance in finding work and administers the granting of rehabilitation benefits. It also grants the following cash benefits in the case of unemployment:

- unemployment benefit (Arbeitslosengeld);
- unemployment assistance (Arbeitslosenhilfe).

### Unemployment benefit

In principle, if you are an employed person or trainee and become unemployed, you are entitled to unemployment benefit provided that:

- you register as an unemployed person with the employment office (Arbeitsamt) and apply for the benefit;
- you are unemployed or are employed for fewer than 15 hours a week;
- you are available for work, that is, you must be capable of working and willing to accept any suitable employment offered, and you are actively seeking employment;
- you have completed the qualifying period, that is, you must have been in employment for which contributions are compulsory for at least 12 months in the last three years.

The duration of benefits depends on the length of the period during which you have paid contributions and on your age. It ranges from six months for persons under 45 years of age who have worked 12 months in the last three years to a maximum of 32 months for persons from the age of 57 who have worked 64 months in the last seven years.

The benefit will not be awarded until after a period of up to 12 weeks (Sperrzeiβ) if:

- you terminate your contract of employment yourself;
- you refuse work offered to you by the employment office;
- you refuse to participate in any reasonable measure to help you find employment.

### Unemployment assistance

If you are still unemployed when your entitlement to unemployment benefit ends, you will be entitled to unemployment assistance if you are considered to be in need.

### Formalities to be observed

While you are receiving benefits, you are obliged to report to the employment office whenever you are called to do so. Should you fail to turn up, unemployment benefit or unemployment assistance may be refused for two weeks. If in the following 14 days, you again fail to report on being called, benefit or assistance will be refused for at least four weeks.

You must also inform the employment office immediately of any changes in your personal circumstances or those of your family members which in any way may affect your entitlement to benefit (for instance, the award of a pension or taking up employment).

### Other benefits

While you are unemployed, the unemployment insurance scheme pays the following contributions in your name:

- sickness insurance contributions. As regards the receipt of benefits, the conditions explained in Chapter 3 above apply;
- contributions to nursing-care insurance;
- contributions to statutory pension insurance.

While receiving unemployment benefit, you are also insured against certain accidents.

### 10. Family benefit

Every person living in Germany is entitled to child benefit (Kindergeld) and child-rearing allowance (Erziehungsgeld) for his or her children.

#### A. Child Benefit

Child benefit is granted for all children up to the age of 18. Thereafter, children continue to be eligible for benefit if they:

- are under the age of 21, are unemployed and are available for placement by the employment service in Germany or another EU Member State, Iceland, Liechtenstein or Norway;
- are under the age of 27 and are studying or receiving vocational training or in a transition period (of no more than four months) between two periods of study or training, or are taking a voluntary social or ecological ‘gap’ year;
- are unable to support themselves owing to a physical, mental or psychological disability.

You are not entitled to child benefit for children aged 18 and above if they have an income of more than EUR 6 657.02 (DEM 13 020) per calendar year.

#### Amount of benefit

Child benefit amounts to EUR 138.05 (DEM 270) per month for the first child and the second child, EUR 153.39 (DEM 300) per month for the third child and EUR 178.95 (DEM 350) per month for each subsequent child.
Please remember that you are not entitled to child benefit for a child for whom you or your spouse already receive a similar benefit. In addition, any family benefits you receive from another Member State may lead to the partial or complete loss of entitlement to child benefit in Germany.

**Application and payment**

Child benefit must be applied for in writing. You can obtain the application form from the employment office.

Benefit is paid monthly by the employment office (family department) to your bank account or via your employer, who pays you the amount.

You are obliged to notify the employment office immediately and on your own initiative of any changes in the information given in the application form which could affect your entitlement to child benefit (for example, the end of child’s vocational training).

**B. CHILD-REARING ALLOWANCE**

*(ERZIEHUNGSGELD)*

A child-rearing allowance is normally paid to the mother but under certain conditions it may be paid to the father, provided that they, themselves, bring up the child. A parent receives this benefit as long as (s)he does not work for more than 19 hours per week. The benefit amounts to EUR 306.78 (DEM 600) at most and depends on the parents’ income. It is payable until the child reaches the age of 24 months. The application procedure for this benefit varies according to the Land where you reside. Your sickness insurance institution will provide you with any information you may require.

### 11. Further information

For further information, please apply to your sickness fund *(Krankenkasse)*, your accident insurance association *(Berufsgenossenschaft)*, the competent institution for pension insurance or your employment office *(Arbeitsamt)*.

The special rules which apply in respect of the new Federal Länder are not included in this guide.

Old-age insurance for farmers, insurance for craftsmen and social insurance for artists and publicists are also not included in this guide. Further information concerning these branches of insurance can be obtained from the competent insurance institutions.

The following are the names and addresses of the insurance institutions which act as liaison bodies for the various branches of social insurance. If you have problems or questions concerning social security in Germany and one or more other Member States, you should contact the competent liaison body.

<table>
<thead>
<tr>
<th>Branches of social security; EU Member States with which relations are maintained</th>
<th>Name and address of liaison office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sickness insurance, all countries</td>
<td>Deutsche Verbindungsstelle Krankenversicherung Ausland AOK-Bundesverband PO Box 200464 D-53134 Bonn</td>
</tr>
<tr>
<td>Accident insurance, all countries</td>
<td>Hauptverband der gewerblichen Berufsgenossenschaften e.V. PO Box 2052 D-53754 Sankt Augustin</td>
</tr>
<tr>
<td>Unemployment insurance and family benefit, all countries</td>
<td>Bundesanstalt für Arbeit Regensburger Straße 104 D-90478 Nürnberg</td>
</tr>
<tr>
<td>Wage-earners’ pension insurance, United Kingdom and Ireland</td>
<td>LVA Freie und Hansestadt Hamburg (LVA = Landesversicherungsanstalt = Regional Insurance Office) Überseering 10 D-22297 Hamburg Tel. (49-40) 63 81-0</td>
</tr>
<tr>
<td>Wage-earners’ pension insurance, France and Luxembourg</td>
<td>LVA Rheinland-Pfalz Eichendorffstraße 4-6 D-67346 Speyer Tel. (49-623) 217-0</td>
</tr>
<tr>
<td>Branches of social security; EU Member States with which relations are maintained</td>
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<tr>
<td>Wage-earners' pension insurance, Denmark, Finland, Norway and Sweden</td>
<td>LVA Schleswig-Holstein Ziegelstraße 150 D-23556 Lübeck Tel. (49-451) 48 45-0</td>
</tr>
<tr>
<td>Wage-earners' pension insurance, Belgium and Spain</td>
<td>LVA Rheinprovinz Königsallee 71 D-40215 Düsseldorf Tel. (49-211) 937-0</td>
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<tr>
<td>Wage-earners' pension insurance, Italy</td>
<td>LVA Schwaben An der Blauen Kappe 18 D-89152 Augsburg Tel. (49-821) 500-0</td>
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<tr>
<td>Wage-earners' pension insurance, Portugal</td>
<td>LVA Unterfranken Friedenstraße 12/14 D-97072 Würzburg Tel. (49-931) 802-0</td>
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<tr>
<td>Wage-earners' pension insurance, Netherlands and Iceland</td>
<td>LVA Westfalen Gartenstraße 194 D-48147 Münster Tel. (49-251) 238-0</td>
</tr>
<tr>
<td>Wage-earners' pension insurance, Greece</td>
<td>LVA Baden-Württemberg Adalbert-Stifter-Straße 105 D-70437 Stuttgart Tel. (49-711) 848-1</td>
</tr>
<tr>
<td>Wage-earners' pension insurance, Austria</td>
<td>LVA Oberbayern Thomas-Dehler-Straße 3 D-81737 München Tel. (49-89) 67 81-0</td>
</tr>
<tr>
<td>Salaried employees' pension insurance, all countries</td>
<td>Bundesversicherungsanstalt für Angestellte Ruhrstraße 2 D-10709 Berlin Tel. (49-30) 865-1</td>
</tr>
<tr>
<td>Miners’ insurance, all countries</td>
<td>Bundesknappschaft Pieperstraße 14-28 D-44789 Bochum Tel. (49-234) 304-0</td>
</tr>
</tbody>
</table>
1. Introduction

The leading social-security institution in Greece is the Social Insurance Institute, commonly known as IKA (Idryma Koinonikon Asphaliseon), with which most employed persons are insured. The IKA insurance scheme covers all employees who are not covered by one of the smaller special insurance schemes.

Apart from the IKA, there are special schemes for civil servants, for some categories of employed persons (such as employees in the banking sector and journalists), for people working in agriculture, who are covered by the Agricultural Insurance Organisation (OGA — Organismos Georgikon Asphaliseon), and for self-employed persons, who are insured with special insurance funds (for example, TAE = Tameio Asphaliseos Emporon, TEVE, etc.). The main addresses of these institutions are listed in Section 9 below.

Different laws apply to each insurance institution. The social insurance benefits, the qualifying conditions for entitlement and the formalities to be complied with may differ from one institution to another.

Since the IKA scheme is the largest Greek insurance scheme and generally serves as a model for the others, this guide deals mainly with the social protection provided by the IKA. If you are engaged in an occupation covered by another insurance scheme, please apply to the appropriate institution. If you are in doubt as to which social-security regime is applicable to you, you should consult the local office (ypokatastima) of the IKA in your place of residence.

The scope of the IKA scheme comprises insurance in respect of sickness, maternity and old age; a special insurance institution, the Labour Force Employment Organisation (OAED, Organismos Apascholiseos Ergatikou Dynamikou) is competent for unemployment insurance and family benefits. However, contributions to the OAED are collected by the IKA.

What risks are covered by Greek social-security legislation?

While working in Greece, you are entitled to social-security benefits under the same conditions as Greek workers. The members of your family who are resident in Greece are entitled to the same benefits as members of Greek workers’ families.

Under the Greek social-security scheme for employed persons, the following benefits are available:

- sickness and maternity benefits (Section 2 below);
- benefits in respect of accidents at work and occupational diseases (Section 3);
- pensions in respect of invalidity, old age and death (Sections 4, 5 and 6);
- unemployment benefits (Section 7);
- family benefits (Section 8).

How to register for social insurance

As soon as you start working, your employer should complete all the necessary formalities to register you with the IKA (or the relevant special insurance scheme).

The social insurance institution will issue you with an insurance book or other insurance papers. If you are insured with the IKA, you will receive an insurance and contribution card, bearing the initials ‘DATE’. Please keep this document in a safe place. It certifies that you are insured and it will help you in your dealings with your insurance institution and your employer.

If you are self-employed, you must register with the relevant social-security institution (usually the TAE or the TEVE) yourself.

Contributions to the IKA

The social insurance contribution that you have to pay will be deducted from your earnings. A part of the full contribution rate must be paid by you, while the rest is paid by your employer. However, the two parts are not paid separately. Your employer must transmit the full amount of contribution to the IKA, after which he will deduct your part of the contribution from your earnings.

What to do if you disagree with a decision by the IKA

If you disagree with a decision taken by the competent office of the IKA, you may lodge a complaint with the Local Administration Committee (TDE) of your IKA branch office. You must do so within 30 days of receiving the decision. Complaints against decisions concerning pensions must be lodged within three months. But within one month for decisions regarding sickness benefits.

If you do not agree with the decision of the administration committee either, you may appeal
to the appropriate administrative court within 60 days of receiving the decision.

2. Sickness and maternity

The following benefits are available from the IKA:
— sickness benefits in kind: medical treatment, medicines and hospital treatment (Section A below);
— cash sickness benefits: cash benefits for incapacity for work caused by illness (Section B);
— maternity benefits (Section C).
Under certain conditions, you (or the members of your family) may still be entitled to benefits if you go to (or if they reside in) another EU Member State.

A. SICKNESS BENEFITS IN KIND

Under the IKA scheme, the following persons are entitled to health-care benefits:
— workers insured under the IKA scheme;
— pensioners under the IKA scheme, that is, all persons receiving an invalidity, old-age or survivor’s pension;
— persons receiving a pension from special funds who were covered by sickness insurance when they were employed;
— the dependants of insured persons and pensioners;
— unemployed persons receiving unemployment benefit.

Qualifying conditions
In order to be entitled to benefits in kind, you must have completed at least 50 days of work during the calendar year preceding the day on which you reported sick or during the previous 15 months but not including the days worked in the last three months of those 15 months.

A ‘day of work’ corresponds to a day of insurance. Days of annual paid leave are counted as days of work. For the purpose of determining entitlement to sickness benefits in kind, days on which sickness or unemployment benefits were paid are counted as days of insurance. Insurance periods which you completed in another EU Member State may, where appropriate, be added to the insurance periods you completed in Greece although national legislation does not provide for this. In this case, please apply to your local IKA office for information on the prescribed formalities.

Health book
In general, you have to produce your health book in order to obtain benefits in kind for you or your family. It is taken as proof by the doctor, pharmacist or medical institution to which you apply that you are insured.

The first thing you should do therefore is to apply for your personal health book. You should also apply for one for your dependants who can also have a separate family health book.

Benefits to which you are entitled
The following benefits in kind are available:
— medical treatment
— medicines;
— hospital treatment;
— paraclinical examinations;
— therapeutic treatment;
— ordinary and special aids and appliances, including prostheses;
— balneotherapy (medicinal baths).
These benefits are granted to you from the beginning of your illness for so long as you continue to be entitled to benefit. The duration of this entitlement is indicated in your health book. Should a particular illness continue after your period of entitlement has ceased, you will nevertheless continue to receive treatment for that illness until you have recovered (continuing treatment).

Your share in the cost of treatment is determined in accordance with the IKA’s rules, but in no case may it exceed 25 % of the total cost. For further information on the type of benefits in kind granted and on the amount of your possible share in the cost of treatment, please apply to your local IKA office.

B. CASH SICKNESS BENEFITS

All workers insured for sickness benefits with the IKA are entitled to cash sickness benefits.

Qualifying conditions
You are entitled to cash sickness benefits if you are not working as a result of an illness contracted through no fault of your own which lasts more than three days, and if you have completed at least 100 days of work during the last calendar year immediately preceding the day on which you reported sick, or during the preceding 15 months, but not counting any days of work in the last three months.

A ‘day of work’ also corresponds to a day of insurance. Days of annual paid leave are counted as days of work, but days on which sickness or unemployment benefits were paid are not counted as days of insurance when determining cash sickness benefits. Insurance periods which you completed in another EU Member State may,
where appropriate, be added to the insurance periods you completed in Greece although the IKA-related legislation does not provide for this. In this case, please apply to your local IKA office for information on the prescribed formalities.

- **Amount of benefit**

Cash sickness benefit normally amounts to 50 % of the reference wage of the category of insured persons to which you have been assigned on the basis of your average earnings during the last 30 days of work you completed during the calendar year preceding the date on which you reported sick.

The basic rate of benefit is increased by 10 % in respect of each dependent family member; however, it may not exceed 70 % of the reference wage in your insurance category. The total amount of benefit is limited to a fixed maximum.

If you are treated in a public or private hospital at the IKA's expense and you have no dependants, your cash sickness benefit will be reduced by two thirds.

Cash sickness benefit is paid from the fourth day following the day on which the incapacity for work was notified to your insurance institution.

- **Duration of benefit**

Upon completion of 100 days of work, benefit is payable for up to 182 days for the same illness or for any illness in the same period. Upon completion of 300 days of work during the two years preceding notification of the illness, benefit is payable for up to 360 days for the same illness.

The benefit may be extended to a maximum of 720 days if you have completed 4 500 days of work in total, or if you have completed 1 500 days of work, 600 of which within the last five years preceding your illness. Where the incapacity for work is due to tuberculosis, sickness benefit may be paid for up to 360 days at most.

- **Formalities**

You must submit the following documents before sickness benefit can be paid to you:

- a statement certifying that you are unfit for work, issued by an IKA doctor;
- your insurance and contribution card (DATE);
- your personal health book;
- the family health book;
- a certificate from your employer certifying the duration of your interruption of work.

C. **MATERNITY BENEFITS**

Maternity benefits are granted on the birth of a child. They include a birth grant and a maternity allowance.

The birth grant may be claimed by women who are insured or who are receiving a pension, as well as by men who are insured or are receiving a pension and whose wives are covered as dependants by their insurance.

By contrast, only women who are themselves insured for sickness and maternity are entitled to maternity allowance (directly insured women).

- **Birth grant**

The birth grant consists of a flat-rate sum paid on the birth of a child. In order to receive the grant, the insured woman's health book or the family health book of the wife of an IKA-insured person or an IKA pensioner should be submitted, together with the birth certificate of the newborn baby.

In order to be entitled to the birth grant, you must have completed at least 50 days of work during the preceding calendar year or during the previous 15 months but not including the last three months thereof.

- **Maternity allowance**

The amount of maternity allowance is the same as that of cash sickness benefit (see Section B above), including the appropriate increases in respect of dependants. However, the maternity allowance is not limited to a maximum amount.

The allowance is paid, provided you are not working, for 56 days preceding the expected date of delivery and for 56 days following the birth of your child.

- **Qualifying conditions for maternity allowance**

In order to obtain maternity allowance you must have completed at least 200 days of work during the last two years before confinement. In addition, you must actually interrupt your employment.

A ‘day of work’ corresponds to a day of insurance. Days of annual paid leave are counted as days of work, but days on which sickness or unemployment benefits were paid are not counted. Insurance periods which you completed in another EU Member State may, where appropriate, be added to the insurance periods you completed in Greece although the IKA-related legislation does not provide for this. In this case, please apply to your local IKA office for information on the prescribed formalities.
3. Accidents at work and occupational diseases

If you are an employed person, you are insured under the IKA scheme if you suffer from one of the following:

— accidents sustained in the course of your employment or in connection with your employment (accidents at work);
— accidents sustained on your way to or from your workplace (considered as accidents at work);
— accidents other than accidents at work;
— diseases caused by the risks attached to your occupation, provided that they are included in the official list of occupational diseases.

Accidents and occupational diseases do not come under a separate insurance branch. Illness or temporary incapacity for work are covered by the sickness insurance scheme (see Sections 2.A and B above), while invalidity and death are covered by the pension insurance scheme (see Sections 4 and 6 below).

However, if you suffer from an accident (and especially an accident at work) or an occupational disease, insurance benefits are granted under more favourable conditions.

• Accidents at work

You are entitled to cash benefits and benefits in kind, irrespective of the periods of insurance completed. In other words, a specified number of days worked is not required for entitlement to benefits.

If, following an accident, you are temporarily and partially unfit for work, your case will be dealt with in the same manner as cases of illness. There are, however, some special rules which also apply.

If you cannot show proof of having completed 30 days of work in the calendar year preceding the notification of the accident, the amount of allowance paid to you will be determined by the reference wage of the insurance category to which you were assigned on the basis of your daily earnings on the day of your accident. The allowance is granted from the day on which the insurance institution is notified of your accident. There is no three-day waiting period as in the case of illness, but the incapacity for work must last more than three days.

If an accident at work leads to invalidity or death, you will receive an invalidity pension, or a survivor’s pension will be paid to your dependants (see Sections 4 and 6 below).

• Other accidents (outside work)

As a general rule, you are entitled to cash benefits and to benefits in kind if you can show proof that you have been employed during half the specified number of days of work which is normally required for benefits to be granted.

• Notification of accidents

You, or someone acting on your behalf, must immediately report any accident to your employer as well as to your local IKA office. In any case, an accident must be reported within five days. Further information may be obtained from your local IKA office.

• Occupational diseases

Persons who contract an occupational disease are treated in the same way as persons who sustain an accident at work. Here again, therefore, the insurance benefits (medical treatment, cash sickness benefit, pensions) are granted irrespective of the number of days worked.

In order to benefit from the legislation on occupational diseases, you must show proof that you are suffering from one of the chronic diseases included in the official list of occupational diseases, or from poisoning resulting from one of the forms of employment mentioned in that list.

The local IKA health services are responsible for verifying whether the conditions under which an illness can be regarded as an occupational disease are satisfied.

4. Invalidity

Pensions for severe invalidity are, as a rule, paid to workers with a degree of invalidity of more than 80 %, regardless of whether the invalidity is temporary or permanent. Insured persons deemed to have a severe invalidity are entitled to a full pension.

To qualify for a severe invalidity pension, you must fulfil the following conditions:

— you must obtain a statement from the competent IKA office certifying a reduction in earning capacity of at least four fifths (degree of invalidity 80 %);
— the reduction in capacity for work must last at least one year;
— you must have completed (a) 4 500 days of work in total or (b) 1 500 days of work, of which at least 600 days within the last five years before the invalidity was confirmed.

A ‘day of work’ corresponds to a day of insurance, including days of annual paid leave.
Periods of insurance completed in another EU Member State are added to the periods of insurance completed in Greece. If you have completed periods of insurance in another Member State, you must state this in your claim for a pension and enclose all the supporting insurance documents that you have in your possession.

- **Formalities**

When applying for an invalidity pension, you should present the following documents to your local IKA office:

- all your insurance papers (insurance book, DATE, etc.);
- statement confirming the date of interruption of employment;
- for married persons with children who are under age: the marriage certificate and the birth certificates of the children;
- for persons with children who are studying or who are unfit for work: a certificate showing that they are students, or a certificate from the competent health committee;
- a photocopy of your identity card.

- **Pension for ordinary invalidity**

A pension for ordinary invalidity is payable if the degree of your invalidity is assessed at more than 67 % but less than 80 %. The ordinary invalidity pension rate is equal to 75 % of the invalidity pension. However, if the insured person has completed 6 000 days of work, or the invalidity is mainly due to mental illness, he/she is entitled to the full invalidity pension.

- **Pension for partial invalidity**

A pension for partial invalidity is payable if your degree of invalidity is assessed at more than 50 % but less than 67 %. It amounts to 50 % of the full invalidity pension. If the invalidity is mainly due to mental illness, you are entitled to 75 % of the full amount.

5. **Old-age pensions**

In order to be entitled to an old-age pension, you must have reached a specified age limit, worked for a certain number of days and, in some cases, fulfilled special conditions.

If you have worked for at least 4 500 days, you will get a full pension at the age of 65 (60 for women). If you have worked for at least 10 000 days, you get a full pension at the age of 62 (57 for women).

If you have been carrying out heavy and hazardous work, you will get a full pension at the age of 60 (55 for women). You must have worked, however, for at least 4 500 days, of which four fifths must have entailed heavy and hazardous work, while at least 1 000 days must have been completed within the last 10 years before reaching the age limit or submission of the pension claim.

If you have worked for at least 10 500 days (which is approximately 35 years) as an employed person, you get a full pension at the age of 58 (men and women). As of 29 December 2000, an insured person who has completed 10 500 days of insurance as an employed person, 7 500 of which in heavy and hazardous work, and has turned (a) 55, is entitled to a full pension, or (b) has turned 53, is entitled to a pension reduced by 0.005 % of the full pension for each month remaining until the abovementioned age.

If you are the mother of an unmarried child under 18, you can get a full pension at the age of 55, provided that you have worked for 5 500 days and do not yourself receive any other pension from the IKA or from any other insurance institution.

Under certain conditions, it is possible to retire two or even five years earlier than indicated above, but in that case, your pension will be reduced by 0.5 % for every month you retired before the normal pensionable age. You can obtain additional information on the reduced pension from your local IKA office.

A ‘day of work’ corresponds to a day of insurance, including days of annual paid leave. For the acquisition of entitlement to an old-age pension, account may be taken of up to 200 days on which sick pay and 200 days on which unemployment benefit were drawn, if drawn during the 10 years before the claim was made. Moreover, periods in which an invalidity pension was awarded may, where appropriate, be taken into account.

Periods of insurance completed in another EU Member State are added to the periods of insurance completed in Greece. If you have completed periods of insurance in another Member State, you must state this in your claim for a pension and enclose all the supporting insurance documents that you have in your possession.

- **Formalities**

When applying for an old-age pension, you should present the following documents to your local IKA office, together with the appropriate claim form:

- all your insurance papers (insurance book, DATE, etc.);
- statement confirming the date of interruption of employment;
- for married persons with children who are under age: the marriage certificate and the birth certificates of the children;
— for persons with children who are studying or who are unfit for work: a certificate showing that they are students, or a certificate from the competent health committee;
— your date of birth, as given in your identity card.

### Amounts of old-age and invalidity pensions

The basic old-age and invalidity pension amount is calculated on the basis of the days of work completed by the insured person and his/her assigned social insurance category, based on his/her earnings over the past five years prior to retirement.

This amount is increased:
— for the spouse, provided she does not work and is not retired;
— for the children (up to three), provided they are unmarried, do not work, do not draw a pension, have not turned 18 (or 24 if they are studying at an institute of higher education at home or abroad), are incapable of earning their own living and their incapacity occurred before their 18th birthday and the other spouse is a pensioner and does not receive a supplement for them.

### 6. Survivors’ pensions and funeral costs

The members of an insured person’s family are entitled to a pension if he/she was insured for a total of 4 500 days of work before his/her death, or for 1 500 days of which 300 had been completed within the last five years before the year of death.

If, however, the death of the insured person was caused by an accident at work, the members of his/her family are entitled to a pension, regardless of the number of days worked. If the death of the insured person was caused by an accident other than an accident at work, half of the specified number of days of work must have been completed.

The family members of a deceased person who was receiving an invalidity or old-age pension from the IKA receive a survivors’ pension automatically, irrespective of the number of days he/she had worked.

A ‘day of work’ corresponds to a day of insurance, including days of annual paid leave.

Periods of insurance completed in another Member State are added to the periods of insurance completed in Greece. If you have completed periods of insurance in another Member State, you must state this in your claim for a pension and enclose all the supporting insurance documents that you have in your possession.

### Members of the family

Upon the death of a person insured with the IKA or receiving a pension from it, the following members of his/her family are entitled to a survivor’s pension (entitled members):
— the surviving spouse, initially for three years, after which the pension is extended provided he/she was aged 40 at the time of the death;
— the children, if they are unmarried, do not work, do not draw a pension, have not turned 18 (or 24 if they are studying at an institute of higher education at home or abroad), are full orphans (that is, have lost both parents) or the dead parent was responsible for their maintenance and had been deserted by the other parent. Children incapable of earning their own living, and whose incapacity occurred before their 18th birthday, are entitled to a survivor’s pension regardless of their age;
— grandchildren and stepchildren, full orphans, if the deceased was responsible for their maintenance;
— the parents (biological or foster), provided the deceased was chiefly responsible for their maintenance.

If the death of an insured spouse occurs within the first six months of marriage, the widow or widower is not entitled to a pension. However, the widow is entitled to a pension if the death was caused by an accident, if the couple had a child born to them or it was legitimised on their marriage, or if the widow is pregnant.

If the death of a spouse drawing a pension occurs within the first 24 months of marriage, the widow or widower is not entitled to a pension.

### Amount of benefits

The pension to which the widow or widower is entitled amounts to 70% of the old-age pension to which the deceased spouse would have been entitled (or, if he/she was a pensioner, that which he/she was actually receiving). Entitlement to pension ceases on remarriage.

The pension for orphans amounts to 20% of the old-age pension to which the deceased person would have been entitled. Full orphans receive a pension of 60%.

The total amount of the survivor’s pension for entitled members may not be greater than the pension to which the deceased person would have been entitled. In the case of full orphans, the benefit may not be more than 80% of this...
pension. If the sum of the pensions exceeds this rate, each pension is reduced proportionately.

- **Formalities**

For survivors’ pensions, the same documents are required as for old-age pensions (see Section 5 above). In addition, you must provide the death certificate and a certificate showing the composition of the deceased’s family (from the municipality (dimos) or commune (koinotita)).

In order to receive a pension, you must submit a claim at your local IKA office. If you reside in another Member State, you can submit your claim to the pension insurance institution of your country of residence.

- **Funeral costs**

In the event of death, the widow, the widower or the person who paid the funeral costs is awarded a flat-rate lump sum equal to eight times the reference daily wage of the highest social insurance category.

Funeral costs are awarded in respect of persons insured under the IKA scheme, IKA pensioners and insured persons and pensioners of other insurance institutions covered by the IKA sickness scheme.

No funeral costs are paid on the death of a member of the family of one of these persons, except where he/she had been receiving a survivor’s pension.

Funeral costs are payable if the insured person had completed 100 days of work in the year preceding his/her death or during the last 15 months minus the three months prior to his/her death. If the deceased person was a pensioner, he/she must have been covered by sickness insurance.

In order to obtain funeral costs, the widow or widower must present to the local IKA office his/her deceased spouse’s insurance and contribution card (DATE) or pension book, as well as his/her health book and official death certificate. Also for payment of the funeral costs, a receipt must be provided from the undertakers concerning the funeral costs.

7. **Unemployment**

Unemployment insurance is administered by the Labour Force Employment Organisation (OAED) which, in the context of the unemployment insurance scheme, provides the following benefits for unemployed persons:
- unemployment benefit;
- sickness benefits.

All employed persons who are covered for sickness insurance by a social insurance institution are automatically covered under the unemployment insurance scheme.

- **Qualifying conditions**

You are entitled to unemployment benefit if you fulfil each of the following conditions:
- you must have become unemployed through no fault of your own;
- you must be able and willing to work;
- you must be at least 16 years old;
- you must have personally registered at the employment office;
- you must be available for work;
- you must be able to show proof of having been insured against unemployment for at least 125 days within the last 14 months before you stopped working, without counting the days worked during the last two months.

If you are claiming unemployment benefit for the first time, you must, moreover, have completed 80 days of insurance per year in the last two years before you became unemployed. Where appropriate, periods of employment completed in another EU Member State are taken into account if you submit form E 301 issued by the unemployment insurance institution of the country where you were last employed.

- **Amount of benefit**

The unemployment benefit consists of a basic amount, with supplements for the dependent members of your family. The basic allowance amounts to 40 % of your wage at the time you became unemployed. Clerical employees receive 50 % of their last salary, but not less than two thirds of the wage of an unskilled worker.

The basic allowance is increased by 10 % for each dependent member of your family.

- **Duration of benefit**

The duration of the payment of unemployment benefit depends upon the number of days during which you have been employed within the last 14 months.

A minimum of 125 days worked corresponds to five months of benefit, 150 days to six months, 200 days to eight months, 220 days to 10 months, and 250 days to 12 months.

An unemployment benefit will be granted to you for 25 days per month. If you wish to continue receiving unemployment benefit after you have used up the benefit period, you must once again have completed the prescribed number of days of employment.
The payment of unemployment benefit is discontinuated if you take up new employment or if you are temporarily unfit for work.

Entitlement to unemployment benefit expires on the death of the unemployed person, on the award of a pension, in the case of permanent incapacity for work and in the case where the unemployed person is not available to the employment office for work.

- **Formalities**

In order to receive unemployment benefit, you must have personally registered as an unemployed person at the employment office of your place of residence and have made a claim for unemployment benefit within 60 days of ceasing work.

Unemployment benefit is granted only if the employment office dealing with your claim cannot find you suitable work.

The following documents must be attached to your claim:

- your insurance book (the DATE insurance book issued by the IKA, or any other insurance book);
- notice of termination of your employment contract;
- a statement certifying that you are not engaged in any form of work and that you will report resumption of work to the employment office;
- the health book of your dependants.

- **Illness while drawing unemployment benefit**

In order to fulfil the qualifying conditions for sickness benefits, the days for which you have received unemployment benefit are counted as days of work by the institution with which you are insured against sickness.

If, in the period during which you are receiving unemployment benefit, you become unfit for work due to illness, you will continue to receive unemployment benefit for a further five days, without being entitled to cash sickness benefit at the same time. If your illness continues, the payment of unemployment benefit is interrupted and you receive cash sickness benefit, in so far as you are entitled to this benefit from your sickness insurance institution.

- **You come from another EU Member State to seek employment**

If you are in receipt of unemployment benefit in another Member State and have obtained permission to go to Greece to look for work, you must personally register at the local employment office within seven days of your arrival in Greece if you wish to continue receiving unemployment benefit. For this purpose, you must fill in an E 303 form before your departure to Greece and hand it in at the employment office.

- **You go to another EU Member State to seek employment**

If you are receiving unemployment benefit in Greece, you retain the right to that benefit if you go to other Member States to look for work, provided that you were registered in Greece as looking for work for at least four weeks before your departure. Your entitlement to unemployment benefit in Greece lasts for a maximum period of three months. If you have not returned to Greece within this three-month period, you will forfeit your entitlement.

8. **Family benefits**

If you are employed and if you are insured with the IKA, the Labour Force Employment Organisation (OAED) or a statutory insurance scheme for employed persons, you may be entitled to family benefits payable by the OAED.

You are entitled to family benefits for your children who reside in Greece or another EU Member State provided that:

- you are an employed person with at least one dependent child;
- you have completed 50 days of employment within the preceding calendar year and have paid the corresponding contributions;
- the collective wage agreement by which you are covered does not oblige your employer to pay higher family benefits than the OAED.

The following persons are entitled to family benefits:

- the parents (father or mother) of unmarried dependent children who are under 18 years of age, or under 22 years of age and studying, or unfit for work (regardless of age). The mother is considered to be entitled to benefit if she fulfils the necessary conditions and if, for one reason or another, the father is not entitled to OAED benefits;
- the grandfather or grandmother, brother or sister, uncle or aunt, in so far as they are supporting full or partial orphans. A family benefit is awarded for a partial orphan only where the surviving parent does not qualify for family benefits.

- **Amount of benefit**

A family benefit is paid to you from the birth of your first child in respect of all your children. The amount of benefit depends on how many children
you have and on the annual income of your family.

Under certain conditions, the amount of family benefit can be increased in the case of a parent whose spouse has died or is unfit for work, is doing military service or who has disabled children or children born out of wedlock, or maintains full orphans.

- **Formalities**

You must submit a claim to your local OAED office, and enclose your insurance book (the DATE insurance book issued by the IKA or any other insurance book) and the birth certificate of your child.

In order to receive family benefits for children living in a Member State other than Greece, you must submit form E 401, showing the composition of your family. Further information on family benefits may be obtained from your local OAED office.

**9. Further information**

The largest Greek insurance institution is IKA. IKA is competent for all fields of social insurance except unemployment insurance and family benefits, for which the OAED is competent. If you are in Greece and have any doubts concerning your social-security rights and obligations, you should consult the local office (ypokatastima) of IKA in your place of residence.

Some categories of persons are not covered by IKA. Most of them are covered by the TAE (for self-employed persons, notably merchants), the TEVE (for self-employed persons, notably small shop-owners), the TSMEDE (for engineers) or the OGA (for agricultural workers). Apart from these smaller insurance institutions, there are a large number of special schemes for people who are employed in specific branches of the economy. If you are covered by one of these schemes, the IKA can give you further information.

IKA — Idrima Koinonikon Asphaliseon (Social Insurance Institute)
Agiou Konstantinou 8
GR-10241 Athens
Tel. (30-1) 523 60 61

OAED — Organismos Apascholiseos Ergatikou Dynamikou (Labour Force Employment Organisation)
Ethnikis Antistasis — Ano Kalamaki
GR-16610 Athens
Tel. (30-1) 994 28 10 19

TAE — Tameio Asphaliseos Emporon (insurance fund for merchants)
Voulis 8-10
GR-10562 Athens
Tel. (30-1) 322 83 91

TEVE — Tameio Epangelmation Viotechnon Elladas (fund for small shop-owners etc.)
Agiou Konstantinou 5
GR-10431 Athens
Tel. (30-1) 523 33 30

TSMEDE — Tameio Syntaxeon Michanikon ke Ergolipton Dimision Ergon (pension fund for engineers etc.)
Kolokotroni 4
GR-10561 Athens
Tel. (30-1) 324 65 86

OGA — Organismos Georgikon Asphaliseon (Agricultural Insurance Organisation)
Pafision 3
GR-10170 Athens
Tel. (30-1) 360 70 11
1. Introduction

Spain’s social-security system comprises two levels or methods of protection: contributory and non-contributory.

- **Contributory method**

  There are six main contributory schemes:
  - general scheme, which covers all employed persons not included in special schemes as well as some categories of civil servants;
  - five special schemes for the agricultural sector, for self-employed persons, for domestic servants, for coalminers and for mariners.

  In addition, there are special contributory schemes for civil servants as well as specific protection for students (seguro escolar).

  The schemes are compulsory: every worker is obliged to pay contributions to the scheme corresponding to his or her field of activity. No one can be simultaneously insured under two schemes for one and the same occupation.

- **Non-contributory method**

  Non-contributory benefits are intended for persons in need of assistance who do not have sufficient financial means at their disposal to meet their day-to-day needs, even where they have never paid social-security contributions or have not done so for a sufficient length of time in order to be entitled to contributory benefits.

  Non-contributory benefits include:
  - health care;
  - retirement and invalidity pensions;
  - unemployment benefits;
  - allowances for dependent children.

  However, some limited categories of people can claim additional benefits from the State or from lesser regional authorities. Such support is available mainly for elderly and disabled persons.

- **Voluntary insurance**

  In Spain, it is not possible to join the general social-security system voluntarily. However, affiliation to any of the compulsory insurance schemes (both general and special) can be continued on a voluntary basis from the time that a person is no longer employed. This voluntary continuation of insurance is carried out on the basis of a contract known as the convenio especial (special agreement), concluded between the person concerned and the Provincial Office of the General Social Security Fund (Dirección Provincial de la Tesorería General de la Seguridad Social) or the Provincial Office of the Social Institute for Mariners (Dirección Provincial del Instituto Social de la Marina). For the addresses of these social-security institutions, see Section 10 below.

- **Registration**

  The first time you start working in Spain, you must register with social security and become a member of the appropriate scheme within the legally established time limits. If you are self-employed, you will have to register and apply for membership yourself. If you are an employee, your employer must take care of these procedures.

  Membership of social security is obligatory and covers the beneficiary’s entire working life. It takes place when work first begins.

  On registering, you will be issued with a certificate of registration (documento de afiliación) containing personal data concerning yourself and members of your family, as well as a registration number. You should keep this document carefully.

  After a worker has been registered, changes may occur in his/her career (change of employment, unemployment, military service, etc.). Such changes affect his/her insurance status in the following way. When a person starts employment, he/she becomes an active social-security contributor and consequently is also insured. Periods of employment/contribution are known as altas. Periods when people are not in work are known as bajas.

  Alta status is almost always a prerequisite for entitlement to social-security benefits. It must be observed, however, that there are a number of situations which are ‘assimilated’, that is, treated as periods of active contribution (altas), even though the person concerned is not in work.

- **Payment of contributions**

  The amount of social-security contributions in respect of each worker is calculated as a percentage of the contribution basis. The contribution rates tend to change annually.

  In the general scheme, the contribution basis corresponds approximately to the actual salary of the employed person. There is, however, a minimum limit, equal to the minimum wage (SMI) in the case of full-time employment, and a maximum limit, equal to slightly more than five times the minimum wage.
Members of the special scheme for self-employed persons pay contributions only for non-occupational risks such as sickness. They may claim benefits for incapacity for work, provided that they make voluntary arrangements to pay contributions covering this contingency. The amount on which these contributions are based is determined by the insured person himself and is subject to minimum and maximum levels.

Employed persons are not responsible for paying social-security contributions, as this responsibility rests with the employer. The employer pays both his own share of contributions and the worker’s share. The latter is deducted from the gross salary of the employee in the same way as income tax is deducted.

Self-employed persons, on the other hand, must pay their own contributions.

***Social security institutions***

Social security is administered by six institutions: the general social-security fund (TGSS), the National Institution for Social Security (INSS), the National Health Institution (Insalud), the National Institution for Migration and Social Services (Imerso), the National Employment Institution (INEM) and the Social Institution for Mariners (ISM).

The addresses of the provincial offices of these institutions are listed in Section 10 below.

The general social-security fund (Tesorería general de seguridad social, TGSS) is responsible for registering employers, affiliating employed and self-employed persons, verifying their status as active contributors (alta), collecting contributions, paying all benefits and issuing forms E 101, E 102 and E 103 in connection with the legislation applicable to migrant workers.

The National Institute for Social Security (INSS) is responsible for awarding and calculating all cash benefits (except unemployment benefits) provided under all of the schemes (except the special scheme for mariners and non-contributory old-age and invalidity pensions).

The National Health Institution (Insalud) is responsible for the administration of medical benefits. It possesses its own network of health centres, but other health centres can participate in its system as well. Insalud provides medical care throughout Spain, except in the following autonomous communities where the administration of medical benefits is the responsibility of the following institutions:

- Andalusia: the Andalusian health service (SAS);
- Catalonia: the Catalan Institute of Health (ICS, Institut Català de la Salut);
- Valencia: the Valencian health service (Servasa);
- Basque Country: the Basque Country health service (Osakidetza);
- Navarre regional community: the Navarre health service (Osasunbidea);
- Galicia: the Galicia health service (Sergas);
- Canary Islands: the Canary Islands health service (Sercasa).

The Institution for Migration and Social Services (Imserso) administers non-contributory pensions and benefits intended for elderly and disabled persons, apart from those which are purely medical benefits. These services are administered by the autonomous communities, except in Ceuta and Melilla.

The National Employment Institution (INEM) is responsible for the administration and payment of unemployment benefits, for placing people in work through the employment offices, for occupational training and for employment policy in general.

Finally, the Social Institution for Mariners (ISM) is responsible for the special scheme for mariners, and provides them with assistance. Through its offices (see Section 10) it also helps to place mariners in employment and grants them unemployment benefits.

***Complaints***

If you do not agree with a decision of any social-security institution, you can lodge a complaint with this institution. This must be done within 30 days of the date on which the decision has been received. If the social-security institution rejects your complaint, you may turn to the social-security court (Juzgado de lo social) covering your place of residence. If you do not agree with the court’s decision, you may appeal to the higher court of justice of the autonomous community within whose jurisdiction the aforementioned social-security court operates.

***Effect of separation, divorce and desertion of family on social-security benefits***

These family situations may create complications with regard to social security. The best way of resolving these is to seek the assistance of the provincial office of the relevant administrative institution (INSS, ISM, INEM, etc.).

If you are entitled to medical benefits as a beneficiary of the insurance of the main beneficiary (usually your spouse) and you no longer live with your spouse, you may apply to your local INSS provincial office for a medical benefits card.
for yourself and for any of your children living with you.

In special family situations, orphan’s pensions, family benefits, allowances for disabled persons and, in general, all benefits granted to minors or to those incapable of working are paid to the person on whom the minor or person incapable of working is dependent.

2. Sickness and maternity

A. HEALTH-CARE BENEFITS IN KIND

Social security health-care benefits are provided to the following categories of persons:

- workers affiliated to the social-security scheme and who are active contributors (alta). For the purposes of this benefit, workers will be considered to be active contributors (assimilated) even where the employer has not fulfilled his insurance obligations;

- pensioners and recipients of periodical social-security benefits;

- the beneficiary’s spouse or the person with whom he/she cohabits — in this last case, for at least one year prior to the date of the application; the beneficiary’s children; and the brothers and sisters of the beneficiary or of his/her spouse are also entitled to these benefits, provided that these persons live with the beneficiary and that they are dependent upon him/her, that they do not receive an income which is more than double the amount of the minimum wage, and that they are not entitled to health-care benefits for any other reason;

- persons who are separated or divorced, as mentioned above, who were considered as beneficiaries of their spouse on the date on which the separation or divorce became final, provided that they are not entitled to welfare benefits for any other reason;

- Spanish emigrants who, during temporary stays in Spain or on their return, conclude a voluntary health-care agreement, as they would otherwise not be entitled to health-care benefits;

- Spaniards and nationals of certain countries who reside in Spain and who do not have adequate financial means of support.

The right to health-care benefits is acquired by a beneficiary and his/her spouse and children on the day on which he or she becomes an active social-security contributor.

- How to apply for treatment

In order to receive medical treatment, you must be in possession of a valid social-security card, the individual health card.

Treatment can be provided only by the network of social-security health centres or by medical centres operating under an agreement with the social-security scheme. Treatment in other health centres is not generally covered by social-security insurance.

- Types of health benefits

The general scheme covers medical treatment provided both at home and in a medical or health centre or hospital. You may go directly, without a referral note, to a general practitioner, paediatrician or dentist. For other specialists you will need a referral note from your primary health practitioner. In each patient’s health area, the patient may choose his or her own general practitioner or paediatrician, provided that the number of patients assigned to each practitioner does not exceed the limits established within that particular area.

Hospitalisation and emergency treatment in an emergency health centre (with or without hospitalisation) are also covered. Except in emergencies, a patient must have a doctor’s note for admission to hospital. Where it is not possible to transport a patient using normal means of transportation, medical transport (ambulance) costs are covered by the social-security scheme.

In general, medical care is provided free of charge. However, psychiatric help and dental care are not covered in full.

For out-patients, pharmaceutical products are provided free of charge to certain beneficiaries, notably pensioners and persons entitled to cash benefits following an accident at work or an occupational disease. Other beneficiaries must pay a proportion of the cost of the medicines (as a rule 40% of the price of the medicament) themselves. Medicines provided in the course of treatment in hospital are free of charge.

The social-security scheme covers surgical and orthopaedic prostheses and mechanically propelled vehicles for disabled persons. It does not, however, cover dentures or spectacles.

Rehabilitation training is provided free of charge in cases where the consultant doctor considers this to be necessary.

Finally, ships at sea can receive medical advice from the Radio Medical Centre of the Social Institution for Mariners (ISM) at any time of day.
Travelling abroad

If you are entitled to Spanish social-security health benefits and go to another EU or EEA Member State, you should, prior to travelling, obtain the relevant form from the local office of the National Institution for Social Security (INSS).

Specific rules under the special schemes

Under the special scheme for mariners, there are special provisions in respect of illness and accidents on board and those originating in foreign ports. Further information can be obtained from the Social Institution for Mariners (ISM) (see addresses in Section 10 below).

Special programmes for disabled persons

Free health care and medicines are provided by the social-security scheme to all disabled persons who would otherwise not be entitled to assistance through this scheme. Disabled persons can also benefit from programmes for functional and psychotherapeutic rehabilitation, psychological treatment and guidance, general and special education, occupational rehabilitation, etc.

Persons over the age of three who have a degree of disability of at least 33 % and for whom public transport is physically out of the question can get a mobility allowance or compensation for transportation costs.

B. CASH BENEFITS FOR SICKNESS, MATERNITY AND RISKS DURING PREGNANCY

Cash benefits are paid to workers temporarily incapable of working in respect of maternity and risks during pregnancy.

Incacity for working may be the result of a common illness or non-occupational accident, of an accident at work or of an occupational disease (observation periods are included).

Maternity benefits are granted to workers in any type of social-security scheme who are entitled to take leave in respect of maternity, adoption or fostering.

Benefits for risk during pregnancy cover the period of suspension of the employment contract in cases where the working woman needs to change her job because of its negative effects on her health or on that of the foetus but is unable to do so for any reason.

All employed persons who are active social-security contributors or are treated as such are entitled to these benefits. If the temporary incapacity is the result of an accident at work or of an occupational disease, the worker is considered to be an active contributor in all cases.

Where the temporary incapacity is the result of a common accident, an accident at work or an occupational disease, no minimum contribution period needs to have been completed. Where it is the result of a common illness, however, 180 contribution days must have been completed in the previous five years. With regard to maternity, the person concerned must be registered with social security, have active contributor status (alta) and have completed 180 contribution days during the five years immediately prior to the date of giving birth or the dates of the administrative or judicial decision on fostering or of the judicial decision concerning adoption.

Waiting period, grace period and maximum period

In general, the benefit is payable only from the end of a waiting period of four days. In practice, however, many employers continue to pay wages during this period. No waiting period is required where temporary incapacity is the result of an accident at work, an occupational disease or maternity.

Where temporary incapacity is due to an accident or disease, regardless of the cause, the benefit is paid for 12 months, which can be extended for a further six months if it is believed that the worker can be medically declared cured.

During occupational disease observation periods, the benefit is paid for six months and may be extended for a further six.

In certain cases, payment of the benefit can be extended up to a maximum of 30 months, counting from the date on which the incapacity began.

Maternity benefit is paid for 16 weeks (extendable to 18 weeks in the event of multiple childbirth). In respect of adoption and (pre-adoptive and permanent) fostering of children aged up to six years, the benefits will be paid for 16 weeks straight, extendable by two weeks for each child after the second adopted or fostered.

Amount of benefit

In the event of temporary incapacity due to an accident at work or occupational disease the cash benefit amounts to 75 % of the calculation basis (base reguladora) in line with the contributions paid during a certain period of time.

In the event of temporary incapacity due to a common illness or non-occupational accident, the benefit amounts to 60 % of the calculation basis (daily contribution basis of the previous month) from the fourth to the 20th day inclusive, and 75 % thereafter.
Maternity benefit amounts to 100% of the calculation basis (contribution basis of the month prior to the start of leave).

In case of risk during pregnancy the benefit amounts to 75% of the relevant calculation basis, payable from the first day of suspension of the employment contract.

In the event of common illness or ordinary accident, the responsibility for payment rests with the employer from the start of the benefit until the 15th day. From the 16th day, the INSS or collaborating institution assumes responsibility for the payments, which are made either directly to the beneficiary or through the employer. In the event of an accident at work or occupational disease, the INSS or the collaborating body (Mutua de Accidentes de Trabajo y Enfermedades Profesionales) will be responsible for paying the benefit from the day after the first day of absence from work, with the employer being responsible for paying the full wage for the first day of absence from work. In case of maternity or risks during pregnancy, the INSS is responsible for paying the benefit from the first day.

- **Specific rules under the special schemes**

  Under the special scheme for self-employed persons, the benefit for temporary incapacity is paid, in the case of sickness or accident, from the 15th day following the first day on which a self-employed person was no longer able to pursue his occupation for either of these two reasons. The benefit is equal to 60% of the monthly basis on which the worker's contributions are based from the 15th until the 20th day inclusive, and 75% thereafter.

### 3. Accidents at work and occupational diseases

The Spanish social-security system does not include a separate scheme for accidents at work and occupational diseases. However, workers affected by these will receive specific benefits in addition to those already mentioned.

An accident at work is any bodily injury suffered by a worker during or as a result of work, as well as diseases which cannot be considered as occupational diseases since they are not listed as such but which are contracted while carrying out working duties. Accidents suffered on the way to or from the place of work are also regarded as accidents at work. An occupational disease means any disease appearing on an approved list of occupational diseases.

- **Medical benefits**

  Medical benefits are awarded in accordance with the rules set out in Section 2.A and to the greatest extent possible. They include the provision of medication free of charge as well as all benefits in respect of rehabilitation training.

- **Temporary incapacity and compensation for accidents at work**

  If an accident at work or occupational disease results in temporary incapacity, the rules set out in Section 2.B apply. In the case of negligence on the part of the employer, see below.

  In the case of permanent incapacity for work, the rules set out in Section 4 apply. In addition, however, a lump sum can be awarded. Injuries, mutilations and deformities of a definitive nature caused by an accident at work or by an occupational disease which result in bodily restrictions for an employed person without giving rise to permanent incapacity for work give entitlement to a lump-sum payment. They must, however, be included on an approved list of such injuries.

- **Death grant**

  If an accident at work or an occupational disease causes death, a special lump sum is awarded in addition to the general benefits described in Section 6. The surviving spouse receives the equivalent of six times the corresponding monthly calculation basis. Each orphan receives the equivalent of one month's calculation basis. If there is no surviving spouse, the six monthly payments are divided among the orphans. Where there is no spouse or orphans entitled to the grant, the mother and the father receive the equivalent of 12 monthly payments of the calculation basis if both are still alive, and nine monthly payments if only one parent is alive.

- **Negligence on the part of the employer**

  All benefits paid in respect of an accident at work or an occupational disease are increased by 30 to 50% where the accident or disease is caused by negligence on the part of the employer in respect of his obligations as regards health and safety at work.

  Benefits in respect of an accident at work or an occupational disease are still awarded even if the employer has not fulfilled his insurance obligations on behalf of the worker.

### 4. Permanent incapacity for work

Permanent incapacity for work is the situation in which a worker who has completed the prescribed course of treatment and has been certified as being medically cured shows serious anatomical
or functional defects which will probably be permanent and reduce his capacity to work either partially or wholly.

Incapacity benefits are paid to persons under the age of 65 or those over this age who have been declared unfit for work but are not entitled to a retirement pension. Permanent incapacity benefits are known as retirement pensions when their beneficiaries pass the age of 65, but this does not imply any change to the conditions under which this benefit is drawn.

**Qualifying conditions**

The person in question should be in insured employment or in a situation treated as such (alta) at the time of incapacity. This condition is always considered to be fulfilled in the case where the incapacity is the result of an accident at work or of an occupational disease. The condition does not have to be fulfilled in the case of absolute permanent incapacity or severe disablement following a normal accident or common illness, provided that at least 15 contribution years have been completed, three of which fall within the 10 years preceding the date of declaration of incapacity.

No minimum contribution period is required where the incapacity is the result of a common accident, an accident at work or an occupational disease. On the other hand, for invalidity which is the consequence of a common illness, the worker affected must have made social-security contributions during a number of years determined in line with his/her age.

**Degree of incapacity and amount of benefit**

In cases of partial (33 % or more) permanent incapacity for work for the occupation usually pursued by the worker in question, the benefit consists of a lump sum equal to 24 monthly payments of the calculation basis used for the purpose of calculating the benefit in respect of temporary incapacity.

In the case of total permanent incapacity for the occupation usually pursued by an employed person (total invalidity), the benefit consists of a pension equal to 55 % of the corresponding calculation basis. For persons over the age of 55 who have difficulty finding work, the amount of the pension is 75 % of this calculation basis.

In cases of total permanent invalidity for any form of employment, the benefit consists of a pension equal to 100 % of the calculation basis.

In cases of severe disablement, that is, absolute invalidity requiring constant attendance for ordinary everyday personal needs such as eating, dressing, etc., the benefit consists of a pension equal to 150 % of the calculation basis.

**Non-contributory invalidity pension**

Incapacitated persons who lack sufficient financial resources and who have never paid social-security contributions or have not contributed for a sufficient length of time to be entitled to a contributory pension may be entitled to a non-contributory invalidity pension.

The qualifying conditions for such an invalidity pension are that the beneficiary must:
- be over 18 years of age and under 65;
- have been legally resident in Spain for five years, two of which must immediately precede the date of application for the pension;
- be affected by a disability or chronic disease to a degree of at least 65 %;
- lack sufficient income.

Those who are affected by a disability or chronic disease to a degree of at least 75 % and are in need of constant attendance from another person may receive a pension supplement of 50 %.

5. Retirement and old-age pensions

**Contributory retirement pensions**

Persons who are registered with social security and who are active contributors (alta) or considered as such (for instance, persons in a state of involuntary unemployment), and who meet the age conditions (65 years), have made contributions for the minimum period (15 years, of which two should fall during the 15 years immediately prior to retirement) and have stopped working, are entitled to a retirement pension.

Persons registered with social security who are not active contributors (alta) or considered as such at the time of retirement, but who meet the requirements in respect of age (65 years) and contributions (15 years, of which two should fall during the 15 years immediately prior to retirement), and who have stopped working, are also entitled to a pension.

**Amount of pension**

For 15 years of contributions, the amount of pension equals 50 % of the calculation basis, with a further 3 % for each additional year between the 16th and the 25th year inclusive, and 2 % for each year from the 26th, with 100 % for 35 years of contributions. From 1 January 2002 onwards, the calculation basis will be equal to the quotient obtained by dividing by 210 your contribution bases for the 180 months immediately prior to the
date of retirement. The nominal value of the contribution bases is taken for the 24 months immediately preceding retirement; the remainder is updated in line with changes to the consumer price index.

At the beginning of each year, all retirement pensions are reassessed in line with the consumer price index. If you wish to receive more information concerning the amount of your current or future pension, please apply to the provincial office of the National Institution for Social Security (INSS) or the Social Institution for Mariners, whose addresses are listed in Section 10.

- Early retirement pension and partial pension

Persons who have been carrying out heavy, toxic, unhealthy or dangerous work (for instance, in mines, on railways or on ships) can retire on full pension before turning 65.

Employed persons who contributed to one of the mutual labour funds (mutualidades laborales) before 1 January 1967 may retire from the age of 60, subject to the appropriate reduction factor being applied to their pension. If they have contributed to the mariners’ mutual funds, they may retire from the age of 55, in which case the amount of pension is reduced.

Workers may take early retirement from the age of 60 and up to the age at which it is generally established that workers are entitled to a pension, provided that:
- the worker agrees a part-time contract with his/her employer, reducing his working day and wage by between 30 % and 77 %;
- the undertaking engages, at the same time, an unemployed worker as a replacement, thus fulfilling its obligation to employ someone for the entire working day, until the date on which the replaced worker is due to retire.

- Non-contributory retirement pension

Elderly persons who lack sufficient financial resources and who have never paid social-security contributions or have not contributed for a sufficient length of time to be entitled to a contributory pension may be entitled to a non-contributory retirement pension.

The qualifying conditions for such a pension are that the beneficiary must:
- be over 65 years of age;
- have been legally resident in Spain for 10 years between the age of 16 and the age at which the application is made, two years of which must immediately precede the date of the application;
- lack sufficient income.

- Minimum pensions and SOVI old-age pensions

When the amount of your pension (or, if you receive more than one pension, the sum of your pensions) is lower than that of the ‘minimum pension’, a supplement is granted which is equal to the difference between the aforementioned minimum pension and the pension received, provided that you do not also receive earnings from work and/or income from capital in excess of a certain amount. This supplement may not be consolidated. The amount of the minimum pension is fixed at the beginning of each year.

People who worked in Spain before 1967 and who meet the requirements established by the legislation applicable at the time (SOVI, compulsory old-age and invalidity insurance) are eligible for what are known as SOVI old-age pensions, which may not be combined with any other pensions under the general system.

6. Death grants and survivors’ pensions

Death grants and survivors’ pensions are payable to the survivors of a deceased person if the latter was:
- an active social-security contributor (alta) or in a situation treated as such and had paid contributions for 500 days within the five years prior to his or her death, if this was due to a common illness. If death was the consequence of an accident, whether at work or not, or an occupational disease, this minimum contribution period is not required;
- not an active social-security contributor (alta) or in a situation treated as such, provided that he or she had paid contributions for a minimum of 15 years;
- receiving a contributory retirement pension;
- receiving temporary incapacity benefit, a rehabilitation benefit or a contributory permanent invalidity pension;
- a worker who disappeared following an occupational or non-occupational accident, in circumstances in which death may be presumed and where there has been no news of the person for 90 days following the accident. In this case, there is no entitlement to the death grant.

- Death grant

The death grant is an amount awarded towards funeral expenses.
• **Widow(er)’s pension**
Where the deceased insured person has been married only once, the pension is awarded to the surviving legitimate spouse. Where the person concerned has been married more than once, the amount of the pension is determined in line with the deceased person’s real income over the duration of the respective marriages. The pension is awarded without distinction between male and female.

The amount of pension is equal to 45% of the calculation basis. This basis is derived from the deceased insured person’s actual earnings (if he/she died as a result of an accident at work or an occupational disease) or from his/her contribution basis (in all other cases). If the deceased person was a pensioner, the calculation basis is the same as that used to calculate his/her pension.

• **Orphan’s pension**
An orphan’s pension is awarded to the children of the deceased person or, under certain circumstances, to those of his/her surviving spouse. The children must be younger than 18 or disabled. An orphan’s pension is also awarded to persons under the age of 21 or 23 whose parents are both deceased and who are not gainfully employed or self-employed. If they are working, their annual income must not exceed 75% of the minimum wage, calculable at any time. The right to draw an orphan’s pension expires when the beneficiary reaches the age of 18, but may be extended until the beneficiary reaches the age of 21 or 23 under the circumstances previously described.

The amount of pension is equal to 20% of the calculation basis for each orphan, and is calculated in the same way as the widow’s pension. If there is no surviving spouse, the widow(er)’s pension is added to the orphan’s pension.

• **Life annuity or temporary allowances for other family members**
Benefits are awarded to certain family members (parents, brothers and sisters, etc.) who were financially dependent on the deceased and who meet certain conditions. The amount of these benefits for each of them is equal to that of the orphan’s pension.

• **Compatibility with other benefits**
A widow(er)’s pension may overlap with other sources of income or with a pension acquired by the surviving spouse in his/her own right. However, entitlement to this pension ceases when the surviving spouse remarries. The orphan’s pension obtained after the death of one parent may overlap with the orphan’s pension obtained upon the death of the other parent.

For children who have reached the age of 18 and who are not disabled, an orphan’s pension may not overlap with employment earnings in excess of 75% of the minimum wage for persons over the age of 18.

### 7. Unemployment

Employed persons who are capable of and willing to work, who lose their job or whose working day (and wage) is reduced by at least one third are covered against unemployment. Unemployment can be total or partial. Benefits can be provided at two different levels: contributory level and, for those who are not entitled to such benefits, assistance level (unemployment allowance).

All unemployment benefits are administered, paid and controlled by the National Employment Institution (INEM), except in the case of employed persons belonging to the special scheme for mariners, whose benefits are administered by the Social Institute for Mariners.

• **Benefits at contributory level**
Contributory unemployment benefits can be awarded to you if:
  — at the time you become unemployed, you are an active social-security contributor or in a situation treated as such;
  — you have paid contributions for at least 12 months during the last six years prior to unemployment;
  — you have registered with an employment office and have applied for unemployment benefit;
  — you are not older than 65, unless you do not meet the requirements for a retirement pension;
  — you did not leave employment of your own accord or refuse employment.

• **Duration of benefit**
The length of the benefit period depends on the length of the period during which you have paid social-security contributions. The minimum benefit period of 120 days is payable if you have at least 360 contribution days paid. The maximum benefit period of 720 days is payable if you have more than 2,160 contribution days paid.

An unemployed person going to another EU country for the purpose of finding work retains the right to Spanish unemployment allowances for a maximum period of three months.

• **Amount of unemployment benefit**
In the case of total unemployment, the benefit equals 70% of the calculation basis for the first 80
days and 60% of the calculation basis thereafter, subject to minimum and maximum limits. The calculation basis is equal to the average of your contribution bases for the last six months. In the case of partial unemployment, the benefit is reduced proportionally.

Persons entitled to unemployment benefit are also entitled to medical treatment. For the purposes of other social-security benefits, the period during which unemployment benefit is received is counted as a contribution period.

- **Benefits at assistance level (unemployment allowance)**

An unemployment allowance may be paid to persons who are not entitled to contributory benefits because they have not made contributions for the period required, as well as to persons who were entitled to contributory benefit but are still unemployed at the end of the benefit period. Non-contributory allowances are paid only to persons seeking work whose income is lower than 75% of the minimum wage, who have been registered with an employment office (INEM) for a month and who have not refused suitable work or occupational training offered to them by the INEM.

In addition, the beneficiary must meet further conditions, such as:

- his/her entitlement to benefits on the basis of contributions has ceased and he/she has dependent family members;
- he/she is over the age of 45, with no dependent family members, and has exhausted contributory benefits paid over a period of 12 months or more;
- he/she is over the age of 52 and fulfils all the conditions for retirement except age; or
- he/she has paid contributions for three or more months but less than 12 months, or is an emigrant returning from abroad, or has been released from prison, and is not in any of these cases entitled to contributory unemployment benefit.

The length of the allowance varies from three months to 30 months, depending mainly on the age of the beneficiary and on whether or not he or she has dependants. Where the employed person is over the age of 52 and meets the legally established requirements, the duration of the benefit will be extended until the time at which the person can retire.

As a rule, the non-contributory unemployment allowance is equal to 75% of the minimum wage. Beneficiaries are also entitled to medical treatment.

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**8. Family benefits**

Persons who work and/or reside in Spain may be entitled to a cash allowance for each dependent child under 18 years of age. There is no age limit for severely disabled children. If both parents have died or if they have abandoned their children, the beneficiaries of the allowance are the children.

Unless a child is disabled, no child benefit is paid to parents if family income is higher than a certain limit. For the purposes of social insurance, the first year during which one of the parents does not work in order to care for a child is considered as an effective period of contribution.

In addition, lump-sum payments are made for the birth of a child (from the third child onwards and subject to income limits) and for multiple births (birth of two or more children).

**9. Social services**

The Spanish social-security system administers the following social services:

- places in homes for elderly persons;
- home helps;
- holidays and stays in health resorts;
- a network of centres and clubs for pensioners;
- places in centres for the physically and mentally disabled;
- benefits in kind for recuperation and rehabilitation purposes;
- there is a social housing service intended for crew of merchant or fishing vessels who, because of their work, have to stay in Spanish ports for short periods of time. This is a network of hostels located in what are known as casas del mar in the main ports. For more information about this service, contact the Social Institution for Mariners (ISM).

For more information on the operation of these social services, contact the National Institute for Migration and Social Services (Inserso).

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**10. Further information**

Workers who feel that their social-security rights have been prejudiced (for instance where they have not been insured by their employer) or that their employer does not respect the rules regarding health and safety at work can consult the Labour and Social Security Inspectorate (Inspección de Trabajo y Seguridad Social). There is a branch of this inspectorate in the capital city of each province; the address can be found in the telephone directory under the heading ‘Delega-
You can also consult the ombudsman (Defensor del Pueblo), an authority created by the Spanish constitution to defend the fundamental rights of citizens. The ombudsman supervises the activities of administrative bodies, including those which manage the social-security system. The central address is: Calle Eduardo Dato 31, Madrid.

The following are the addresses of the main social-security bodies in each of the Spanish provinces.

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<tr>
<th>Province</th>
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<td>Eduardo Dato, 36 – E-01005 Vitoria-Gasteiz</td>
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| Autonomous community of Castille-la Mancha | Albacete             | Carretera Peñas San Pedro, 2 |
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| Autonomous community of Castilla y Leon | Ávila                 | Doctor Fleming, 3 |
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| Autonomous community of La Rioja (regional office) | Logroño               | Bretón de los Herreros, 33 |

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| Melilla regional office | Melilla | Pablo Vallesca, s/n, Edificio Anfora |

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The French social-security system includes the following schemes:

- the general scheme, protecting over 80% of the population, covers approximately 47 million people;
- special schemes providing protection against a particular risk (generally old age, as other risks are covered by the general scheme) or all risks. The various special schemes cover approximately 2.5 million people;
- autonomous schemes for non-agricultural self-employed professions against the risks of sickness, maternity, old age and invalidity, covering 3.5 million people. With regard to old age, these autonomous schemes may be supplemented by compulsory or voluntary pensions, depending on the scheme;
- the agricultural scheme, which covers employees and farmers, that is, 5 million people, against all risks. The provisions applicable to agricultural workers are on a par with those applicable to employees under the general scheme;
- unemployment insurance for all employees, administered by joint bodies;
- finally, alongside basic old-age insurance for employees, there are supplementary pension schemes which are compulsory.

The note below examines the provisions applicable to employees under the general scheme and to self-employed workers. If your activity comes under another scheme, the benefits, conditions and formalities may in some cases differ from the information given in this guide. You should therefore contact your insurance fund.

This note refers to the social-security ceiling, which has over the years been progressively eliminated from the provisions relating to the calculation of contributions. It currently remains in force for a proportion of old-age insurance contributions and, in particular, it is used as a reference in supplementary schemes and for unemployment insurance. It is also used as a reference for benefits. On 1 January 2001 it stood at EUR 2 279.11 (FRF 14 950) per month and EUR 27 349.35 (FRF 179 400) per year.

Chapter I

EMPLOYED PERSONS

1. Introduction

The French general social-security scheme covers:

- all risks for persons employed in industry and trade, except for those covered by a special scheme;
- dependants for all the resident population. Agricultural workers and farmers receive family benefits from their agricultural sickness fund;
- certain risks only (primarily sickness and maternity) in various categories and certain people not covered for all risks by a special scheme;
- all persons ordinarily resident in France not otherwise covered by a compulsory sickness and maternity insurance scheme, against those risks only (universal health cover (CMU)).

It provides protection against the following risks:

- sickness and maternity (Section 2 below);
- industrial accidents and occupational diseases (Section 3);
- invalidity (Section 4);
- old age and widow-/widowerhood (Section 5);
- death (Section 6);
- family responsibilities (Section 7).

The general social-security scheme is supplemented by an unemployment insurance scheme (Section 8) and supplementary pension schemes (Section 9).

- How to join the social-security scheme

As soon as you take up employment in France, your employer must complete a declaration prior to recruitment for the Social Security and Family Allowance Contributions Agency (Urssaf) under which he comes. In particular, this declaration makes it possible to apply for your social-security registration and for your affiliation to the unemployment insurance scheme. For the supplement-
ary pension, you will be affiliated to the fund to which your undertaking belongs.

The social-security institution will issue you with a registration card. Your sickness insurance scheme will provide you with a statement of entitlement to sickness insurance together with a magnetic card (carte vitale).

**Contributions**

You have to pay social-security contributions calculated as a certain percentage of your earnings. Your employer deducts these contributions from your earnings and pays them to the authority in charge of collecting them.

**What to do if you do not agree with a decision taken by an institution**

If you do not agree with a decision taken by your insurance fund (caisse), you may appeal to the appeals board (Commission de recours amiable) of your insurance fund within two months of being notified of the decision with which you disagree. If the fund does not inform you of its decision within a month, your appeal has been dismissed. If you wish to continue the case, you should bring it before the social-security tribunal (Tribunal des affaires de sécurité sociale) within two months. If you do not appeal within that period, the decision of your fund’s appeals board is final.

### 2. Sickness and maternity

French sickness insurance comprises (A) benefits in kind (health care) and (B) cash benefits (daily allowances) payable during incapacity for work owing to sickness. Maternity is covered by a separate insurance scheme (C).

**A. HEALTH CARE**

Persons employed or regarded as such, unemployed people, pensioners and persons who are lawfully and permanently resident in France and are not otherwise entitled to sickness benefits in kind are entitled to health care as well as their dependants.

**Qualifying conditions**

Entitlement is traditionally established on professional or similar criteria. It is subject to prior conditions: quotas of hours worked or amounts contributed. Those ceasing to fulfil the conditions for membership of a social-security scheme or as a dependant remain entitled to benefits in kind under their previous scheme for four years, unless they again fulfil the conditions for a compulsory scheme.

In addition, some situations establish entitlement to benefits in kind without contributions, that is, single parent allowance, disabled adult’s allowance.

Finally, those affiliated to the general scheme on the basis of residence are entitled to benefits in kind solely by virtue of being lawfully and permanently resident in France. They may also, depending on income (specific definition of income taken into account; ceiling for exemption for 2000 of EUR 6 402.86 (FRF 42 000)), be subject to the corresponding specific CMU contribution.

**Reimbursement of health-care costs**

You and your dependants (spouse, children aged under 20, partner, dependant living in the insured person’s home) are entitled to reimbursement of health-care costs.

For each type of care included in the nomenclature and each reimbursable product there is a tariff which is the basis for reimbursement. In addition, French legislation lays down the principle that insured persons contribute towards the costs incurred. This ticket modérateur is a percentage of the expenditure authorised for reimbursement which is payable by the insured person or by a mutual fund or other supplementary insurance body to which he may choose to be affiliated.

The rates of reimbursement in force on 1 January 2000 are as follows:

- hospital charges: 80 %;
- doctor's fees and hospital out-patient consultations: 70 %;
- paramedic's fees and charges for laboratory tests: 60 %;
- listed irreplaceable medicines: 100 %;
- medicines with white label: 65 %;
- medicines for minor disorders (blue label): 35 %;
- transport costs and other prescriptions (optical and orthopaedic): 65 %.

In certain cases, 100 % of the cost may be met, with exemption from paying the ticket modérateur. This exemption applies to those requiring care in relation to a chronic illness and to certain surgical procedures. Those receiving an invalidity pension or an industrial accident pension corresponding to an incapacity for work exceeding two thirds are also exempt from paying the ticket modérateur for all benefits.

The insured person pays the health professional's fees and presents his card. This enables the forms to be drawn up electronically and sent directly by computer to the primary fund. This procedure speeds up the reimbursement process. If the health professional has no equipment for reading the card, he draws up a form on paper which you then forward to your sickness insurance fund. The fees
are reimbursed to you in accordance with the tariff set by your fund.

Your sickness insurance fund will reimburse the relevant proportion of the fees. For certain special services, such as the provision of prostheses, you must obtain approval in advance from your sickness insurance fund.

As far as pharmaceutical products are concerned, the sickness insurance fund will refund the cost of products prescribed by your doctor. It is also possible to have the relevant part of the cost paid directly by the fund. In that case, all you pay to the dispensing chemist is that part of the cost not covered by the fund.

- **Hospital treatment**

You may be hospitalised in an establishment of your choice, but if this is an approved private establishment which is not regulated by agreement, you will have to pay all fees in the first instance. Your insurance fund can provide you with further information.

If 100 % of hospital fees are met, you will also have to pay a fixed amount (EUR 10.67 (FRF 70) as from 1 January 1996) for each day you are in a hospital or medico-social institution. However, some categories of persons are exempt from paying this flat-rate charge, notably women in the last four months of pregnancy, newborn babies, disabled children, young disabled people attending special vocational or educational institutions and people undergoing treatment as a result of accidents at work or occupational diseases.

- **Supplementary cover**

You may opt to cover that proportion of healthcare expenditure not reimbursed by the compulsory scheme by taking out supplementary insurance with a mutual fund, welfare institution or insurance company (84 % of the population are covered in this way). In addition, within the supplementary universal health cover, you may receive free supplementary cover if your resources are below a certain ceiling.

- **Allowances**

The daily allowance is equal to 50 % of your average daily earnings during the preceding three months, within the social-security ceiling, and two thirds of that amount after the 31st day of absence from work if you have three dependent children. After seven uninterrupted months of receiving benefit, the daily allowance is increased to 51.49 and 68.66 % of the above amounts respectively.

Allowances are not payable for the first three days of absence from work. In the case of certain protracted illnesses, you may receive the allowance for up to three years.

- **Documents to be provided in order to obtain the daily allowance**

In the event of an absence from work (initial illness or extension of stoppage), you must fill in the form issued by the doctor, and within 48 hours you must send the first two pages of the document.

- **Qualifying conditions**

In order to receive daily allowances for an initial period of six months from the day on which you fall ill, you must have worked at least 200 hours during the last three calendar months before work was interrupted, or you must have paid contributions at least equal to those due on earnings amounting to 1 015 times the SMIC (minimum wage) on your earnings during the last six calendar months before you fell ill.

You are entitled to these allowances beyond the initial six-month period if you have worked at least 800 hours during the last 12 calendar months before falling ill, of which at least 200 hours were during the first three months of that period, or if you paid contributions equal to those due on earnings amounting to 2 030 times the SMIC on your earnings received during the last 12 calendar months before falling ill, of which 1 015 times were during the first six months of that period.

In addition, you must have been registered with French social security for at least 12 months at the time work was interrupted. Certain periods during which you did not work are treated as periods worked (for example, paid leave, sick leave, etc.).

Periods in which you worked (or paid contributions) in another EU Member State are, if necessary, taken into account to determine whether you fulfil the above conditions. For this purpose, you should present form E 104, which is issued to you on request by the sickness insurance institution of the country you left before coming to France, to your French sickness fund.

In order to receive cash benefits, you may be required to undergo medical checks arranged by your sickness fund.
to your insurance fund and the third to your employer.

A statement from your employer setting out the time worked and your earnings before you fell ill must also be presented to your insurance fund so that the amount of your daily allowance can be calculated.

C. MATERNITY BENEFITS

Maternity insurance comprises provision of some health care entirely free of charge for the mother and child, as well as daily allowances during the incapacity for work caused by maternity.

Employed women, unemployed women who receive or have received unemployment benefit, women in receipt of a pension, and the dependent wives and daughters of insured persons are entitled to medical treatment.

Employed women and unemployed women who receive or who have received unemployment benefit are entitled to daily allowances.

- Qualifying conditions
  You (or the insured person whose insurance covers you as well) must have been insured for at least 10 months before the expected date of confinement and you must produce evidence that the qualifying conditions for reimbursement of health-care expenses and daily allowances under sickness insurance (see Sections A and B above) were complied with on the presumed date of conception or when commencing prenatal leave.

- Health care
  You are entitled to have 100 % of the costs borne in relation to pregnancy, childbirth and the consequences thereof, that is, medical costs, pharmaceutical costs, hospitalisation, examinations prescribed as part of medical surveillance during pregnancy and following childbirth (compulsory prenatal and postnatal examinations).

- Daily allowances
  The daily allowance amounts to average daily earnings for the preceding three months, subject to the social-security ceiling. Compulsory statutory and agreement-based contributions and the general social contribution are deducted.

As a rule, the daily allowance is paid for six weeks before birth (eight weeks in the event of a problem pregnancy or from the third child onwards, 12 weeks for twins, 24 weeks for triplets, quadruplets, etc.) and 10 weeks after birth (18 weeks from the third child onwards, 22 weeks for a multiple birth (two or more offspring)).

For all formalities and documents required, please consult your sickness insurance fund and family allowances fund. You should also consult these bodies before you travel or move to another Member State.

3. Industrial accidents and occupational diseases

Insurance against industrial accidents and occupational diseases covers accidents at work resulting from or caused by your work, accidents which occur on the way to or from work, and diseases contracted at work which are included in official lists of occupational diseases or are directly caused by normal work according to a report by a committee for the recognition of occupational diseases.

You should inform your employer as soon as possible after an accident has occurred and give him the names and addresses of witnesses to the accident. The employer will issue you with an accident form, which gives you access to benefits in kind (care) without having to pay an advance on costs.

Occupational diseases included in official lists of occupational diseases, and those recognised by the regional committees for the recognition of occupational diseases, entitle you to the same benefits as those for industrial accidents. If you have contracted such a disease, you should inform your fund accordingly within 15 days of becoming incapable of working. Your declaration to the fund should be accompanied by two copies of the medical certificate issued by your doctor. After a medical examination, the fund will inform you of its decision.

Following an industrial accident or occupational disease, you are entitled to medical treatment and daily allowances and, where appropriate, pensions for permanent incapacity. In the event of death, your dependants may also receive pensions.

- Health care
  On presentation of the accident form, you are entitled to health care, medicines, hospitalisation, appliances and prostheses free of charge, except where the amount in question exceeds the approved rate.

In certain circumstances you are entitled to vocational retraining or functional rehabilitation.
• **Daily allowance**
You are entitled to a daily allowance from the first day on which you become incapable of working. The daily allowance is equal to 60% of gross daily earnings for the first 28 days and 80% subsequently, up to a limit of 0.834% of the annual social-security ceiling.

In the event of a relapse, the accident form will be issued by the sickness fund instead of your employer.

• **Pension for permanent incapacity for work**
If, as a result of your accident or disease, you remain permanently partially or totally incapable of working, you are entitled to a pension. The amount of the pension depends on your earnings during the 12 months before you became incapable of working, and the degree of your permanent incapacity. A capital allowance is paid if the degree of permanent incapacity is less than 10%.

• **Pensions in the event of death**
Pensions are paid by the fund to the spouse, the children and, under certain conditions, the parents of the deceased. They are equal to a percentage of the annual earnings of the deceased insured person. This percentage amounts to 30% for the spouse (50% in certain cases), 15% for one child, 30% for two children and 10% for each additional child.

The total value of pensions granted to survivors of an industrial accident victim may not exceed 85% of the deceased person's annual earnings.

• **Health care**
Those receiving an industrial accident pension corresponding to a degree of permanent incapacity of at least 66.66% are entitled, without application of a ticket modérateur, to sickness and maternity benefits in kind. Those receiving survivor's pensions also receive sickness and maternity benefits in kind.

• **Payments outside France**
The above pensions and allowances are payable in another EU Member State if you stay, return or transfer your residence there.

4. **Invalidity**
The purpose of invalidity insurance is to grant you a pension to compensate for your long-term reduced capacity for work and thus for your reduced earning capacity. The pension is always awarded on a temporary basis and may be reviewed at any time. Only insured persons may qualify for an invalidity pension.

• **Qualifying conditions**
You only qualify for an invalidity pension if you fulfil the following six conditions:
- your capacity for work or earning capacity must have been reduced by two thirds;
- you must be aged under 60;
- you must fulfil the conditions laid down regarding registration and payment of contributions, length of time worked or payment of daily sickness insurance allowances for over six months (see Section 2.B). If necessary, periods of employment or contributions in another Member State will be taken into account;
- your state of health must have been medically confirmed;
- you must have undergone any medical checks required.

• **Amount of pension**
The amount of invalidity pension depends on the extent to which you are still capable of working.

If you can pursue gainful employment, your pension will amount to 30% of your 10 best years’ average annual earnings, divided by 10 if there were 10, subject to a fixed maximum. If you are unable to pursue any occupation whatsoever, your pension will amount to 50% of your 10 best years’ average annual earnings, divided by 10 if there were 10, subject to a fixed maximum. If you need assistance from a third party to perform everyday tasks, your pension will be increased.

The pension may be reviewed, suspended or withdrawn for medical reasons, and suspended or reduced if you take up employment from which you receive a certain level of earnings. When you reach the age of 60, the invalidity pension is converted into an old-age pension for incapacity for work (pension de substitution).

If you have been insured in two or more Member States, the amount of your pension will be determined in accordance with the Community rules. Community rules also apply if you or members of your family reside, take up residence or travel temporarily to another Member State.

• **Health care**
If you are in receipt of an invalidity pension, you and the members of your family are entitled to reimbursement of the cost of health care in the event of illness or maternity. In your own case, reimbursement amounts to 100% of the fees payable.
5. **Old-age and survivors’ benefits**

The old-age insurance branch of the general scheme provides two kinds of benefits:

- contributory benefits accruing from insurance, that is, old-age and survivors’ pensions;
- non-contributory benefits, that is, means-tested assistance allowances (see below).

### Old-age pension

Old-age pension is calculated on the basis of three elements: average annual earnings, pension rate and contribution record in the scheme.

- Average annual earnings are calculated on the basis of the best-paid years of your career. Under the Act of 22 July 1993, which entered into force on 1 January 1994, the number of years taken into consideration increases regularly. It may vary between 11 (for insured persons born in 1934) and 24 (for those born in 1947). In 2008, regardless of the year of birth, it will be 25. In 2000, the number of years taken into consideration for insured persons born in 1940 was 17.

- The rate of calculation varies between 25 % and 50 %, depending on the length of cover in all schemes and on your age. From the age of 60, in order to receive the full rate of pension, you must have completed a number of quarterly periods and periods recognised as equivalent under one or more basic retirement schemes, which varies depending on the year of birth. From 1 January 1994, for insured persons born in 1934 and after, this period increases at a rate of one quarter per year, to reach 160 quarters from 1 January 2003 regardless of the year of birth. In 2000, the number for insured persons born in 1940 is set at 157. Insurance periods completed under a social-security scheme in a member country of the European Economic Area will also be taken into account in determining the rate of pension paid from the age of 60.

- For determining the amount of the pension, the qualifying time remains fixed at 150 quarters. This is to be understood as periods of insurance in the general scheme only, including periods regarded as equivalent (periods of unemployment, military service, receipt of sickness benefit or invalidity or industrial accident pension corresponding to a rate of permanent incapacity of 66.66 %). When a person has been insured for less than 150 quarters, the pension is equal to the same number of 150ths as the number of quarters for which he or she has been insured in the general scheme.

### Minimum and maximum amount of pension

Every insured person whose pension is calculated at the full rate receives a minimum amount of pension, known as the *minimum contributif*. However, where the pension is calculated at the full rate but on the basis of less than 150 quarters of insurance, the minimum pension is adjusted in proportion to the actual time for which the person was insured in the general scheme.

The pension payable from the age of 60 onwards may not exceed a maximum amount fixed at half of the highest wage or salary for which contributions are due.

Under certain conditions, pension increases are granted if:

- the pensioner has had or raised three or more children;
- before the age of 65 the pensioner requires assistance from another person for the performance of everyday activities;
- the pensioner has a dependent spouse aged 65 or over, or 60 in the event of incapacity for work.

### Survivors’ pension

A means-tested survivors’ pension (*pension de réversion*) is awarded to widows/widowers aged 55 or over. It amounts to 54 % of the deceased spouse’s old-age pension and may, up to a certain limit, overlap with personal old-age benefits and invalidity benefits.

A different pension (*pension de veuve ou de veuf*) is awarded to widows/widowers who are permanently disabled at the time of the death of their spouse, provided that the latter was entitled to an old-age or invalidity pension. This pension may be awarded to survivors who have not yet reached the age of 55.

The widow’s/widower’s allowance guarantees, under certain conditions, that the surviving spouse of a deceased insured person receives a temporary allowance enabling him/her to integrate or reintegrate into working life. It is paid for a maximum of two years to all persons aged under 55 with
personal resources below a certain level. It may be paid for five years where, at the time of the insured person’s death, the applicant had reached the age of 50. In this event the allowance is paid until the age of 55.

**Institution to which application should be made**

Applications for old-age or survivors’ pensions or widow’s/widower’s allowance should be made to:

- in Paris and the Paris region: the Caisse nationale d’assurance vieillesse des travailleurs salariés (national old-age insurance fund for employed persons);
- in the provinces: the services vieillesse (old-age insurance departments) of the Caisses régionales d’assurance maladie (regional sickness insurance funds);
- in Strasbourg: Caisse régionale d’assurance vieillesse de Strasbourg (Strasbourg regional old-age insurance fund);
- with regard to applying for a widow’s/widower’s invalidity pension, application should be made to the primary sickness insurance fund, or the regional sickness insurance fund for the Ile de France region if you live in the Paris region.

The institution should acknowledge receipt of your application.

If you live in another Member State, you should apply to the pension insurance institution of the country in which you live.

**Non-contributory benefits**

There are also non-contributory old-age benefits:

- allowance for mothers (allocation aux mères de famille);
- supplementary pension for those whose pension is below a fixed minimum;
- life annuity (secours viager);
- special old-age allowance;
- supplementary allowance provided by the old-age solidarity fund.

These allowances are paid subject to the following basic conditions:

- you must be 65 years old (60 if incapable of working);
- you must be lawfully and permanently resident in France;
- your income may not exceed a certain level;
- you must have been employed or self-employed for a certain length of time.

The supplementary allowance provided by the old-age solidarity fund is intended to supplement the various old-age benefits for persons in the lowest income bracket. The same conditions as mentioned above apply in respect of age, residence and income level. The allowance is paid by the institution paying the relevant old-age benefit.

**Secondary entitlements**

If you are receiving an old-age pension or allowance, you are entitled to health care for yourself and your dependants. These benefits in kind are provided by the local sickness insurance fund of your place of residence on presentation of your pension voucher or proof of receipt of pension payments.

**Insurance in two or more Member States**

If you have been insured in two or more Member States, the amount of your pension will be determined in accordance with the Community rules.

### 6. Death grants

Death insurance provides for a lump-sum payment to persons who were completely and permanently dependent upon an insured person at the time of his/her death. If no priority is invoked within one month, the death grant is paid to the surviving spouse, unless divorced or separated, or, failing that, to the descendants or, where the insured person leaves no spouse or descendants, to the ascendants.

At the time of death, the insured person must fulfil the requirements for receiving sickness benefits in kind, or receive a replacement allowance, invalidity pension or pension awarded under the legislation covering industrial accident insurance corresponding to an incapacity for work of at least 66.66 %. The qualifying conditions for death grants are the same as for sickness insurance benefits in kind (see Section 2.A above); they must have been fulfilled by the deceased.

**Documents required**

A claim form for a death grant must be submitted. The form may be obtained from your primary sickness insurance fund. You should hand it in together with a death certificate, the deceased's insurance card, a certified statement of the wage or salary last earned by the insured person, a fiche familiale d'état civil (family certificate from the Registry of Births, Deaths and Marriages) and, where appropriate, a document certifying that at the time of death you were fully and permanently dependent on the insured person.
Amount of the death grant

The death grant amounts to 90 times the insured person’s basic daily wage or salary, determined in the same way as for cash sickness benefit. It may not be less than 1% of the annual social-security ceiling and may not exceed one quarter of that ceiling. Further information may be obtained from your primary sickness insurance fund.

7. Family benefits

The following family benefits are provided for under French legislation:

- family allowances proper (allocations familiales);
- young children's allowance (allocation pour jeune enfant);
- family supplement (complément familial);
- housing allowance (allocation de logement);
- special education allowance (allocation d'éducation spéciale);
- family maintenance allowance (allocation de soutien familial);
- new school year allowance (allocation de rentrée scolaire);
- single parent allowance (allocation de parent isolé);
- parents’ educational allowance (allocation parentale d'éducation);
- adoption allowance (allocation d’adoption);
- parents’ attendance allowance (allocation de présence parentale).

Qualifying conditions

You are entitled to French family benefits if you and your family are resident in France and if at least one child is fully and permanently dependent on you. To receive the new school year allowance, single parent allowance, young children’s allowance, adoption allowance, family allowance and family supplement, your income may not exceed a certain fixed amount.

Family allowances proper (allocations familiales) are awarded from the second dependent child onwards, but certain benefits such as family supplement, orphan's allowance, housing allowance, new school year allowance, special education allowance, young children's allowance and single parent allowance may also be obtained for one child.

If you are in paid employment, are self-employed or are receiving unemployment benefit in France and your spouse resides with your children in another EU Member State but is not working, you are entitled to the family benefits listed above, except for the parents’ educational allowance, housing allowance, the young children’s allowance paid until the child is three months old and the adoption allowance. If, on the other hand, your spouse does work in the other Member State, you are entitled to the family allowances provided for under the legislation of that State and, where appropriate, a supplement payable by France.

Who are the beneficiaries?

Family allowances are awarded for all children up to 20 years of age, provided they are either not working or are paid less than 55% of the minimum wage. No family allowance is paid, however, for the first child.

Increases are granted for children on reaching the age of 11 and on reaching the age of 16, except for the elder child in a family with two children. Where there are three children or more, however, these increases are granted for all children.

Procedure for claiming family allowances

You should submit your claim to the family allowances fund (Caisse d’allocations familiales) in your family’s place of residence.

For the documents required for each of the benefits listed above, see the Guide to family allowances (Guide des allocations familiales) published by the family allowances fund or contact the social mutual benefit fund for farmers (Caisse de mutualité sociale agricole) in your place of residence.

8. Unemployment

On becoming unemployed while working in France, you should register immediately at the local office of the Association for Employment in Industry and Trade (Assedic) in order to obtain unemployment benefits and to retain your right to social-security benefits.

The Assedic will send you a claim form for benefits, which you should complete and return together with a statement from your last employer showing that your employment contract has been terminated.

If you meet the qualifying conditions, the Assedic will pay you the unemployment benefits to which you are entitled. The allowance provided is known as the degressive single allowance (allocation unique dégressive, AUD).

If you have exhausted your entitlement to unemployment insurance or do not fulfil the conditions for obtaining benefits you may, subject to your resources, claim unemployment benefits.
Qualifying conditions for unemployment benefits

In order to qualify for unemployment benefits you must:

— have become unemployed through no fault of your own;
— be registered as a person seeking employment and submit yourself to any control procedures required;
— be actively and permanently seeking work;
— be physically capable of working;
— not be older than 60, or 65 if you do not qualify for a retirement pension at the age of 60;
— produce evidence that you have been insured under the unemployment insurance scheme for at least four of the last eight months. Qualifying time accumulated during a reference period of two years for persons less than 50 years old and three years for persons over 50 will count towards entitlement. The longer you have been insured, the longer you will receive unemployment benefits. Periods of employment completed in another Member State are taken into account if you submit form E 301 issued by the unemployment insurance institution of the country where you last worked.

Length of benefit period and rate of benefit

The length of the period of entitlement to unemployment benefits depends on the length of the previous period of insurance and the age of the person seeking employment.

Generally speaking, people over 50 are entitled to benefits for a longer period than people under 50. In order to qualify for the minimum period of benefit of four months, you must have completed four months of insurance (or have worked for 676 hours) during the last eight months. The longest period of benefit (60 months) is awarded to people over 55 who were insured for more than 27 months (or worked 4,563 hours) during the last three years.

The benefit is paid for an initial period at the ‘normal’ (full) rate and subsequently at a decreasing rate. The first period normally covers one third to one half of the total period of benefit, while the second period covers the remaining part. The normal rate of benefit per day is calculated as a percentage of your previous gross daily earnings on which contributions were paid. This percentage may vary from 57.4 % if you had relatively high earnings to 75 % if you had relatively low earnings. After the end of the first period, the normal rate of benefit is reduced by a certain percentage (in most cases 15 %) every four months. However, it may not be less than a minimum subsistence level determined by the State.

Further information may be obtained from your Assedic.

Partial unemployment

You may be awarded allowances if the work being carried out by the firm employing you is reduced or suspended as a result of a lack of market outlets, supply problems, an accident or bad weather conditions.

If you are employed in the building or public works sectors, you may receive specific benefits when bad weather conditions on the building site cause temporary unemployment. These benefits are payable by your employer.

Looking for employment abroad

If you come to France from another Member State to look for a job, or if you have become unemployed in France and you wish to go to another Member State to look for work there, you should consult the Community rules.

Supplementary pensions

The basic retirement pension (first stage of the first pillar) is augmented by a supplementary retirement pension (second stage of the first pillar) which is compulsory for all employees under the general or agricultural schemes. Non-management staff pay contributions based on their total salary, subject to the limit of three times the social-security ceiling for the single scheme run by ARRCO (Association de régime de retraite complémentaire), which brings together 90 retirement pension institutions. Managers pay to ARRCO an amount up to the social-security ceiling and, beyond that, on their total remuneration up to a limit of eight times the ceiling to the AGIRC (Association générale des institutions de retraite des cadres), which covers 45 retirement pension institutions. These supplementary schemes, run jointly on an independent basis by the social partners, operate on the principle of distribution.

Contributions paid in your name during your working life are converted into retirement points. These are determined each year by dividing all contributions paid by the purchase price of one point (or reference salary) applicable for that year.

The amount of your retirement pension depends on the number of points entered in your account during your career. To calculate this, the number of points is multiplied by its value at the moment the pension is paid.
In supplementary retirement schemes, the age for retirement at the full rate is set at 65. It is possible under certain conditions to obtain payment of one’s supplementary pension from the age of 60 without an actuarial reduction. There are survivors’ benefits for widows/widowers, orphans aged under 21 and surviving ex-spouses.

From 1 January 2000, both the AGIRC and ARRCO schemes fall within the scope of Regulation (EEC) No 1408/71, along with the basic social-security schemes. The rules on coordination laid down in the Regulation therefore apply to supplementary schemes.
Chapter II

SELF-EMPLOYED PERSONS

1. Introduction

In France, non-agricultural self-employed persons are covered by social insurance schemes other than those covering employees. All non-agricultural self-employed persons are covered by a single sickness and maternity insurance scheme. On the other hand, there are a large number of old-age, invalidity and survivors’ insurance schemes. Depending on the nature of your profession or occupation, you will be covered by schemes set up for craftsmen, tradesmen, businessmen or people in the professions.

Self-employed persons not engaged in the agricultural sector are entitled to the following benefits:

— sickness and maternity benefits (see Section 2 below);
— old-age, invalidity and survivors’ pensions (Section 3);
— family benefits.

Self-employed persons receive family benefits under the same conditions as employed persons (see Chapter I, Section 7 above).

There are no special benefits for accidents at work or unemployment. However, you may contribute on a voluntary basis to the general scheme covering industrial accidents.

Who is regarded as a self-employed person?

As a rule, persons in the following categories are regarded as self-employed:

— craftsmen, if registered in the Répertoire des métiers (RM) (Register of Crafts) in the capacity of head of a private enterprise or associate of a company that must be registered in the RM;
— tradesmen and manufacturers registered in the Registre du commerce et des sociétés (RC) (Register of Trade and Companies);
— self-employed persons engaged in one of the professions who are not covered by the general social-security scheme and do not belong to one of the categories of self-employed persons mentioned above.

How to join the insurance scheme

You are obliged to join the social-security schemes mentioned above. Craftsmen, tradesmen and businessmen must register with the Register of Trade and Companies (RC) or the Register of Crafts (RM) within 15 days of commencing their business activities in France in order to qualify for benefits under the sickness and maternity insurance scheme.

You should register within two months with the regional insurance fund (Caisse mutuelle régionale) to which you belong. This fund will inform you how to join a recognised insurance body of your choice.

Contributions

The contributions which you must pay represent a certain percentage of your professional income. Basic old-age insurance contributions payable by members of the professions are, however, fixed at a flat rate.

The sickness insurance contribution is payable every six months, on 1 April and 1 October of each year. Craftsmen, tradesmen and businessmen pay an additional contribution, as they may claim a daily allowance.

Please note that contributions must be paid on time, otherwise you may be penalised.

Contribution rates under pension insurance vary depending on the scheme to which you belong. For the professions, they vary depending on the professional sector to which you belong. As a general rule, contributions are paid to your fund every six months.

Finally, as a self-employed worker you must pay a contribution for family allowances to the Union for the Collection of Contributions in respect of Social Security and Family Allowances (Union de recouvrement de sécurité sociale et d’allocations familiales Urssaf).

2. Sickness and maternity

Insured persons who are working, persons in receipt of a pension for self-employed persons and, in general, their dependants are entitled to sickness and maternity insurance.

Benefits

The rules provide for sickness and maternity benefits in kind which are the same as under the general scheme (see Section 2.A in Chapter I above).
In order to obtain reimbursement, you must send the duly completed forms to the recognised body (mutual insurance fund or insurance company) of your choice. Self-employed workers also receive their carte vitale under the same conditions as employed persons. Forms may therefore be forwarded electronically if the health professional is equipped to use the card.

Cash benefits are also available:

— in the event of maternity, insured women receive a confinement allowance (equal to the monthly social-security ceiling and paid in two instalments) and a flat-rate daily allowance if they are off work for at least 30 consecutive days. The daily allowance is equal to 1/60th of the monthly social-security ceiling. Spouses who work in the family business receive a confinement allowance (equal to the monthly social security limit and paid in two instalments) and a replacement allowance equal to the actual cost of a replacement, up to a limit of EUR 1,085.44 (FRF 7,120);

— insured persons in a trade, commercial or industrial activity are entitled to a daily allowance in the event of sickness or accident for the first 90 days of absence from work (with three days' waiting time in the event of hospitalisation and seven in the event of accident or illness). The amount of the daily allowance is equal to 1/720th of annual income over the last three years, with a maximum of 1/720th of the annual social-security ceiling.

Further information may be obtained from your regional mutual insurance fund or insurance company or from CANAM (Caisse nationale d'assurance maladie des professions indépendantes), Centre Pleyel, Tour Ouest, F-93521 Saint-Denis CEDEX 1, Tel. (33) 1 49 33 38 00.

3. Old-age, invalidity and survivors' benefits

There is a wide range of schemes covering self-employed persons for old-age, invalidity and death. Benefits, rates and qualifying conditions differ from one scheme to another. This guide consequently deals with this matter only very briefly; for further information, please apply to the following organisations:

— if you are a manufacturer or tradesman, to your occupational or interoccupational fund or to the Caisse nationale ‘Organic’ (national independent old-age insurance fund for self-employed persons in trade occupations), 9 rue Jadin, F-75832 Paris CEDEX 17, Tel. (33) 1 40 53 43 00;

— if you are a craftsman, to the departmental delegation of your place of business or to the Caisse nationale ‘Cancava’ (national independent old-age insurance fund for self-employed persons in craft occupations), 28 boulevard de Grenelle, F-75757 Paris CEDEX 15, Tel. (33) 1 45 79 86 47;

— if you are in one of the professions, to the professional section to which you belong (there are 13 such sections) or to the Caisse nationale CNAVPL (national old-age insurance fund for members of the professions), 102 rue de Miromesnil, F-75003 Paris, Tel. (33) 1 44 95 01 50.

● Manufacturers' and tradesmen's scheme

The pension insurance scheme for manufacturers and tradesmen provides for the following benefits:

— retirement pension for insured persons and a pension for the insured person's spouse. You can claim a retirement pension from the age of 60. If it is based on insurance periods after 1 January 1973, the amount of pension is determined in the same manner as under the general scheme for employed persons (see Chapter I, Section 5). Under the compulsory supplementary scheme for spouses, your coexisting or surviving spouse will receive a pension after reaching pensionable age or following your death;

— invalidity pension. In the event of total invalidity ruling out any professional activity, you are entitled to an invalidity pension;

— death grant. In the event of death before pensionable age, a death grant will be paid to your dependants;

— supplementary pension (optional). You may pay voluntary contributions to a supplementary retirement pension scheme. You may choose from seven categories of contributions;

— in the event of death, your surviving spouse will be entitled to a reversionary pension under the same conditions as in the general scheme.

● Insurance for craftsmen

The craftsmen's pension scheme includes the following benefits:

— old-age pension. The same rules apply as for manufacturers and tradesmen;

— compulsory supplementary retirement pension. Craftsmen are obliged to pay contributions to a supplementary retirement pension scheme. Once you reach retirement age, cease working as a craftsman and receive a basic pension, you will receive a supplementary retirement pension;
— reversionary (survivors’) pension. The spouse of a deceased insured person is entitled to a reversionary pension at the age of 55. The amount is equal to 54% of the basic pension which the insured person would have received; the surviving spouse will also receive a supplementary retirement pension;

— general invalidity pension and occupational incapacity pension. In the event of total invalidity, insured craftsmen are entitled to an invalidity pension. The amount of the pension is equal to 50% of the previous annual average basic income, subject to the social-security ceiling, but may not be less than a certain minimum. At the age of 60, the invalidity pension is converted into an old-age pension. The insured person may also receive a temporary pension for occupational incapacity for a maximum period of three years;

— death grant. In the event of death, a grant is paid to your dependants.

*The professions*

If you are a member of the professions, you are normally entitled to the following benefits:

— old-age pension. A basic pension (*allocation de base*) is awarded to you at the age of 65, or at 60 if you are incapable of working; you also receive a supplementary pension;

— spouse's supplement or pension. When your spouse reaches pensionable age, your own pension may be increased by a flat-rate spouse’s supplement. In the event of your death, your surviving spouse receives an allowance equal to half of that which you received or would have received if you had reached the age of 65;

— insurance in respect of invalidity or death. This insurance does not exist in all professional schemes. Please apply to your relevant section to find out what your entitlements are.

4. Further information

For each branch of social security, the names of the relevant social-security institutions are given in the respective sections above. You may consult these institutions for any further information you require. You can find the addresses of their local offices in the telephone directory of your place of residence.
1. Introduction

Irish social welfare benefits are broadly of three types:

— contributory (social insurance) payments which are made on the basis of a PRSI (pay-related social insurance) record. Each payment requires a certain number of PRSI contributions;

— non-contributory (social assistance) payments which are made on the basis of the claimant satisfying a means test. Non-contributory payments are intended for people who do not qualify for social insurance payments (see Section 9 below);

— a limited number of universal services such as child benefit, which depend neither on PRSI contributions, nor on the claimant’s means.

Anyone can claim a social welfare payment in their own right provided they satisfy the conditions for payment. Apart from the PRSI record or means test, other conditions will apply depending on the payment. For example, if you are claiming an unemployment payment, you must be available for and looking for work. There are no special social-security schemes in operation under Irish legislation for any particular categories of worker.

● Benefits available

All people resident in Ireland are entitled to certain health services (see Section 2.A below) and to child benefit (Section 8).

The other benefits, pensions and allowances which are available to insured people and their dependants include:

— certain medical treatment benefits, cash sickness benefit and maternity benefit (Section 2.B, C, D);

— occupational injuries benefits (Section 3);

— invalidity pensions (Section 4);

— retirement and old-age pensions (Section 5);

— widow’s/widower’s and orphan’s benefits (Section 6);

— unemployment benefits (Section 7).

Those who do not qualify for payments from (some of) these insurance schemes may be entitled to payments from the non-contributory schemes which exist in parallel with virtually all the available insurance schemes (Section 9).

● Who is insured?

Generally speaking, all employees and self-employed people over the age of 16 who have not reached pension age (66) are insured. Employees earning less than EUR 38.09 (IEP 30) per week (from all employment) or who are over 66 years of age are only insured for benefits for occupational injuries.

● PRSI contributions for employees

The PRSI (pay-related social insurance) contribution is calculated as a percentage of the employee’s gross earnings in a week. Both employer and employee pay a share of the contribution, but certain low-paid employees are exempted from payment of (parts of) the contribution.

Your employer is legally responsible for paying the entire PRSI contribution. However, he is required to deduct the employee’s share of the contribution from your wage whenever he pays you.

The part of the PRSI contribution which is normally paid by employees is made up of two different elements: the social insurance element and the health contribution (both of which are paid on all earnings). There are various contribution rates depending on the type of occupation involved. These are known as contribution classes.

There is no liability for the health contribution where:

— an employee is a medical cardholder and is entitled to free health services;

— an employee is a recipient of a widow’s/widower’s pension, one parent family payment (OPFP) or deserted wife’s benefit/allowance, or a widow’s/widower’s pension from a Member State within the European Economic Area, or a country with which Ireland has a bilateral agreement on social security.

● PRSI contributions for self-employed people

For people who are self-employed, the PRSI contribution is a percentage of gross income less superannuation and capital allowances. Self-employed people with low incomes pay a flat-rate contribution.

Self-employed people generally pay PRSI contributions to the revenue commissioner. If your income is of such a low level that you are not required to submit an annual tax return, you pay your PRSI contributions to the Department of Social, Community and Family Affairs.
Credited contributions (PRSI credits)

To be entitled to contributory (social insurance) payments, you must previously have worked and paid PRSI contributions. If, at any stage in your working life, you have no PRSI contributions paid or credited for two full tax years, you cannot get credits until you return to work and pay PRSI contributions for at least 26 weeks.

In order to protect the future entitlement to benefits and pensions of workers, the Department of Social, Community and Family Affairs award credited PRSI contributions in certain circumstances. Credits are generally awarded to people who receive social welfare payments because they are out of work, ill or retired, as well as to people who are on FAS (the national training authority) training courses. In addition, special PRSI credits (called pre-entry credits) are given to people when they start work for the first time. Student credits may also be awarded.

Organisation

The social insurance contributions of employees and employers (excluding the health contribution) are paid to the social insurance fund, to which the State also contributes. The social insurance schemes are paid out of this fund which is administered by the Department of Social, Community and Family Affairs. By contrast, the non-contributory payments are financed by the State.

Benefits in kind under the health service are financed by the State and from health service contributions. They are administered by eight regional health authorities under the general supervision of the Department of Health and Children in Dublin. The Department of Enterprise, Trade and Employment in Dublin (see Section 11 below) administers redundancy payments.

How to register for social security

If taking up employment in Ireland you should immediately apply to your social welfare local office for a personal public service number (PPSN). This is a reference number for all dealings with the public service, including social-security tax deduction, and health services eligibility. It has replaced the old revenue and social insurance (RSI) number. If you already hold an RSI number there is no need to apply for a PPSN, as the RSI number automatically becomes the PPSN. When the PPSN is allocated, you should contact the local tax office to arrange your tax affairs.

You should ensure that you are registered and that your employer knows your PPSN. Otherwise, PRSI contributions may not be correctly recorded.

The PPSN should always be quoted when claiming benefits, as well as in correspondence with the Department of Social, Community and Family Affairs. This number ensures that your record is identified quickly and the relevant payments are made without undue delay.

Voluntary insurance

When you cease to be covered by compulsory insurance and are under age 66, you can maintain entitlement to certain benefits such as pensions by paying voluntary contributions. However, this is possible only if you have worked and paid PRSI contributions for at least 156 weeks and if you apply within certain time limits after you have ceased to be insured.

PRSI contribution conditions

There are no PRSI contribution conditions for health services, occupational injuries benefits or child benefit. To qualify for most other payments, certain PRSI contribution conditions must be fulfilled.

In general, to qualify for short-term benefits (disability benefit, maternity benefit, unemployment benefit, etc.) you must have paid at least 39 weeks PRSI contributions since becoming insured and have at least 39 weeks PRSI contributions paid or credited in the contribution year (running from 6 April of one year to 5 April of the following year) preceding the benefit year (that is, calendar year) in which you make your claim.

For long-term benefits such as widow's/widower's pension, retirement pension and old-age pension, you must have paid at least 156 weeks PRSI contributions (260 weeks for invalidity pension and mixed insurance pro-rata pension) as well as a minimum yearly average of paid or credited contributions.

Periods of insurance completed in another Member State of the European Union or a country within the European Economic Area may be aggregated to enable you to satisfy the contribution conditions for Irish benefits. You should be able to submit the forms issued to you by the insurance institutions of the country you left, for example: for sickness, maternity and bereavement grant, form E 104; for unemployment benefits, form E 301.

2. Sickness and maternity

A. HEALTH BENEFITS IN KIND

As a general rule, entitlement to health services is based on income. There are two categories of eligibility: people with full eligibility (category 1) and people with limited eligibility (category 2).
• Category 1 — full eligibility; medical card holders

Category 1 consists of people who, in the opinion of the chief executive officer of the appropriate health board, are unable to afford general practitioner services for themselves and their dependants. People in this category are often referred to as medical cardholders since medical cards are issued to them to establish their entitlement to services. Income guidelines are available to determine a person's eligibility; the guidelines are increased each year.

The following services are available to medical cardholders:

— general practitioner services;
— all in-patient hospital services in public wards;
— specialist services in out-patient clinics;
— prescribed drugs, medicines, medical and surgical appliances, dental, optical and aural appliances;
— maternity care and infant welfare services;
— a maternity cash grant for each newborn child.

• Category 2 — limited eligibility

Anyone who does not have full eligibility for health services has limited eligibility. People in category 2 are entitled to:

— all in-patient hospital services in public wards, subject to certain charges;
— specialist services (excluding dental and most routine ophthalmic and aural services) in out-patient clinics, subject to certain charges;
— maternity care and infant welfare services, including the services of a family doctor during pregnancy and family doctor services for mother and infant up to six weeks after the birth;
— a refund of expenditure on drugs and medicines above a specified limit;
— drugs and medicines for the treatment of certain specified illnesses under the long-term illness scheme.

• Services which are free for everyone

All persons ordinarily resident in Ireland are entitled to the following services free of charge:

— hospital services for children suffering from specified long-term illnesses;
— drugs and medicines for persons suffering from specified disabilities;
— hospital, diagnostic and preventive services for infectious diseases.

• Welfare allowances paid for by the regional health authorities

— domiciliary care allowance is paid in respect of disabled children from birth to 16 years who require care and attention which is considerably in excess of that normally required by a child of the same age;
— infectious diseases maintenance allowance is paid, subject to a means test, to people undergoing treatment for tuberculosis and certain other infectious diseases.

Persons requiring health services should apply to the health board for their area (see addresses in Section 11).

B. TREATMENT BENEFITS

The benefits included in this scheme are:

— dental benefits (dental treatment and supply of dentures);
— optical benefits (sight testing and supply of glasses);
— supply of hearing aids and contact lenses.

They are available to insured people who satisfy the necessary contribution conditions and to their dependent spouses. You will be required to pay a part of the cost of treatment or appliances.

To qualify for treatment benefit you must satisfy the following PRSI contribution conditions, which vary as follows:

— if you are under age 21, you must have at least 39 weeks PRSI paid since first starting work;
— if you are aged 21 to 24 you must have at least 39 weeks PRSI paid since first starting work and 39 weeks (1) PRSI paid or credited in the tax year on which your claim is based;
— if you are aged 25 to 65 you must have at least 260 weeks PRSI paid, 39 weeks PRSI paid since first starting work and 39 weeks (1) PRSI paid or credited in the tax year on which your claim is based;
— if you are aged 66 or over you must have at least 260 weeks PRSI paid, 39 weeks PRSI paid since first starting work and 39 weeks (1) PRSI paid or credited in either of the last two tax years before reaching age 66.

(1) In the case of the 39 weeks paid or credited, a minimum of 13 weeks must be paid contributions in:

— the relevant tax year on which the claim is based, or
— either one of the two previous tax years, or
— any tax year subsequent to the relevant tax year (can be the current tax year, but not a combination of any two tax years).
C. CASH SICKNESS BENEFIT

Disability benefit is paid weekly to insured people during periods of incapacity for work. It may be replaced by injury benefit if the incapacity results from an accident at work or an occupational disease (see above).

To be eligible for disability benefit:
— you must be unfit for work;
— you must satisfy the contribution conditions.

Disability benefit is normally paid from the fourth day of illness. You continue to be entitled to benefit for as long as you are unfit for work and until you reach pension age, provided that you have at least 260 weeks PRSI contributions paid. Otherwise, benefit ceases after 52 weeks of incapacity. Periods of insurance or equivalent periods completed in another Member State or a country within the European Economic Area are taken into account if necessary.

Disability benefit should be claimed within seven days of becoming incapable of work. You are required to send a certificate of incapacity for work to the Department of Social, Community and Family Affairs, which is available from most doctors. Normally, a certificate must be sent to the Department of Social, Community and Family Affairs for each week of incapacity.

If you are living outside Ireland in another Member State, disability benefit can be paid to you if your most recent period of insurance was in Ireland.

D. MATERNITY BENEFIT

Maternity benefit may be payable to women who, are in employment which is covered by the Maternity Protection of Employees Act 1994 immediately before the first day of their maternity leave. Coverage for maternity benefit was extended to include self-employed women from 1997.

To qualify for payment:
— you must have paid at least 39 weeks PRSI contributions; and
— you must have paid or credited at least 39 weeks PRSI contributions in the governing contribution year, or paid 39 weeks PRSI contributions in the 12 months immediately before the first day of maternity leave.

Periods of insurance or equivalent periods that you have completed in other EU Member States or countries within the European Economic Area may be aggregated to enable you to satisfy the qualifying conditions for maternity benefit.

You should apply for maternity benefit at least 10 weeks before the date on which your baby is due. You can get an application form from your Social Welfare Local Office, have it completed by your doctor and your employer and return it to the Department of Social, Community and Family Affairs.

Maternity benefit is payable for a period of 18 weeks, four of which must be taken before, and four of which must be taken after the date on which your baby is due. Payment is made weekly by means of a cheque through the post, or into a bank account. The amount paid is 70% of the woman’s earnings in the relevant income tax year, subject to a fixed minimum and maximum weekly payment. The start date of the maternity leave determines the relevant income tax year.

You may also be entitled to maternity care services provided by your local health board (see Section 2.A above).

• Health and safety benefit

Health and safety benefit is a payment for employed women if they are pregnant, have recently had a baby, or are breast-feeding and cannot continue at their employment, because of a risk to their health and safety, and have been granted health and safety leave by their employer.

Health and safety leave is granted to an employee, by her employer, when the employer cannot remove a risk to the employee’s health, or safety, or her pregnancy, or breast-feeding, or assign her alternative (risk-free) duties.

You can qualify if you:
— are a pregnant employee, and are exposed to certain risks in the workplace, or involved in night-work;(1)
— or are an employee who has given birth in the previous 14 weeks, and are involved in nightwork;(1)
— or are breast-feeding (up to 26 weeks after giving birth), and exposed to certain risks in the workplace (details of the risks involved can be obtained from the Health and Safety Authority);

(1) Under the Health and Safety at Work (pregnant employees etc.) Regulations, 1994, night work is defined as “… work in the period between the hours of 11 p.m. on any day and 6 a.m. on the following day, where:
the employee works at least three hours in the said period, as a normal course;
at least 25% of the employees’ monthly working time is performed in the said period."
— and have been awarded health and safety leave, under Section 18 of the Maternity Protection Act 1994;
— and have satisfied the PRSI contribution conditions.

To qualify, you must have:
— at least 13 weeks PRSI paid in the 12 months immediately before the date your baby is due;
— 39 weeks PRSI paid since you first started work and 39 weeks paid or credited in the relevant year.

Your employer is obliged to pay you for the first 21 days of the health and safety leave. The benefit is then payable for the remainder of your health and safety leave. Payment is made by cheque through the post, or direct into your bank account.

3. Accidents at work and occupational diseases

Occupational injuries benefits are payable to insured people who are injured in the course of their employment or who contract certain occupational diseases. The benefits may consist of injury benefit, disablement benefit, unemployability supplement, medical care and death benefits.

*Injury benefit*

Injury benefit is paid while you remain unfit for work, up to a maximum period of 26 weeks commencing with the date of the accident or the onset of the occupational disease. If you are still incapable of work after the expiration of 26 weeks, you may be entitled to disability benefit (see Section 2.C above).

If you have an accident at work, your employer must be informed. You must send a certificate of incapacity for work to the Department of Social, Community and Family Affairs on a special form, which is available from most doctors. A certificate must be sent for each week of incapacity.

Payment of injury benefit, including allowances for adult and child dependants (see Section 8 below), is normally made from the fourth day of incapacity. Payment is made weekly by means of a cheque through the post.

*Disablement benefit and unemployability supplement*

Disablement benefit is payable when, as a result of an occupational accident or disease, you are suffering from a loss of physical or mental faculty, even where you have not been rendered unfit for work. This benefit should be claimed within three months, otherwise part of the benefit might be lost.

An unemployability supplement is payable to people who are getting disablement benefit, are permanently incapable of work and who do not qualify for disability benefit (see Section 2.C above).

*Medical care*

The occupational injuries scheme covers the cost of medical care over and above the expenses already paid by the regional health authorities or by way of treatment benefit (Section 2 above).

If medical care is being received as a result of a work accident or disease, the Department must be notified within six weeks of its commencement.

*Death benefits*

Death benefits may be paid when an insured person dies as a result of an occupational accident or disease. It may also be payable to the dependant(s) of a person who at the time of his/her death was in receipt of disablement pension assessed at 50% or more regardless of the cause of death.

These benefits comprise:
— widow’s/widower’s pension;
— orphan’s pension;
— dependent parent’s pension;
— funeral grant.

The benefits should be claimed within three months of bereavement, on a form available from the Department of Social, Community and Family Affairs. Otherwise, benefit may be lost.

*Involvement of several EU Member States*

Disablement benefit and the other benefits set out above are also payable if you go to another Member State. You should contact the office from which you receive benefit, well in advance of your departure, to enable arrangements to be made for payment in another Member State.

Special rules exist for the granting of benefits where an industrial disease has been contracted as a result of employment in more than one Member State and also where there has been an aggravation of that disease. If you think you might be affected by these rules, you should enquire at your social welfare local office.

4. Invalidity

Invalidity pension is payable weekly instead of disability benefit (see Section 2.C above) to insured people who are certified to be permanently incapable of work and who satisfy the PRSI contribution conditions.
To be eligible for invalidity pension:
— you must have paid at least 260 weeks PRSI contributions since 1953; and
— you must have paid or credited at least 48 weeks PRSI contributions in the governing contribution year.

Generally, before qualifying for invalidity pension you must have been in receipt of disability benefit for at least 12 months. In certain circumstances, however, it may be possible to qualify earlier.

Invalidity pension, including allowances for adult and child dependants, is paid by means of a book of payable orders which can be cashed weekly at a post office of choice, or direct to a bank account, or by electronic funds transfer, if you are resident in Ireland. If you reside elsewhere, it is normally paid monthly by cheque.

5. Old-age pensions

- **Retirement pension**

Retirement pension is payable at age 65 to people who have retired from full-time employment and who satisfy the PRSI contribution conditions.

In general, a person aged between 65 and 66 satisfies the retirement condition as long as he or she does not have earnings of EUR 38.09 (IEP 30) per week or more as an employee or income of EUR 3 174.35 (IEP 2 500) or more per year from self-employment. The retirement condition does not apply to persons aged 66 or over.

The PRSI contribution conditions are that:
— you must have become insured before reaching age 55;
— you must have paid at least 156 contributions; and
— you must have paid or credited a minimum yearly average of 24 weeks PRSI contributions over a certain period of time, or have paid or credited a yearly average of 48 weeks PRSI contributions since 1979.

The qualifying conditions for retirement pension are due to change from 6 April 2002:
— if a person reaches age 65 between 6 April 2002 and 5 April 2012, they must have at least 260 full-rate employment contributions paid;
— if a person reaches age 65 after 6 April 2012, they must have at least 520 full-rate employment contributions, or if they have at least 260 full-rate contributions paid, the balance of the required 520 can be made up of high-rate voluntary contributions.

- **Pro-rata pension**

A pro-rata pension may be paid if a person does not qualify for a standard retirement pension. To qualify for a pro-rata pension they must have worked/resided in a country covered by EU regulations or a country with which Ireland has a bilateral social-security agreement. This pension combines an Irish social insurance record, with a social insurance record/residence in another country. A special formula is used to calculate entitlement to a pro-rata pension. A pension may also be payable from the other country where you worked/resided. This would be decided and paid by that country.

The retirement condition does not apply after pension age, that is the age at which old-age contributory pension is payable (see below).

Retirement pension should be claimed within three months before reaching age 65 or within three months of retirement from insurable employment if this occurs after age 65. The application form is available from all social welfare local offices and post offices.

Payment, which includes allowances for adult and child dependants (see Section 8 below), is made by means of a book of payable orders which can be cashed weekly at a post office if you are living in Ireland or into a bank account.

The widow/widower of a retirement pensioner (whose pension included an allowance for his/her spouse) automatically becomes entitled to a widow's/widower's pension when he/she dies.

Retirement pension can be paid abroad. If you intend going abroad to live, you should contact the Pensions Services Office in Sligo before leaving.

- **Old-age contributory pension**

This is payable from pension age (66 years) onwards to an insured person who satisfies the PRSI contribution conditions. A person can continue to receive it even if he or she continues working. It cannot be paid in addition to retirement pension.

Old-age contributory pension should be claimed within three months before pension age is reached on a form which can be obtained from a social welfare local office or post office.

The PRSI contribution conditions are that:
— you must have started paying social insurance contributions before reaching age 56;
— you must have at least 156 full-rate employment contributions paid, or if the yearly average is between 10 and 19, at least 260 full-rate employment contributions paid;
— a yearly average of at least 48 full-rate employment contributions paid and/or credited from 1979 to the end of the tax year before you reach the age of 66 will entitle you to a maximum pension (this only applies if you reach pension age on, or after 6 April 1992);

— a yearly average of at least 10 weeks employment contributions paid and/or credited from 1953 (or the time you started insurable employment) to the end of the tax year before you reach age 66. A yearly average of 10 weeks full-rate employment contributions will entitle you to a minimum rate of old-age (contributory) pension.

The qualifying conditions for an old-age (contributory) pension are due to change from 6 April 2002:

— if you reach age 66 between 6 April 2002 and 5 April 2012, you must have at least 260 full-rate employment contributions paid, regardless of the yearly average;

— if you reach age 66 from 6 April 2012, you must have at least 520 full-rate employment contributions paid, or if you have at least 260 full-rate contributions paid, the balance of the required 520 can be made up of high-rate voluntary contributions.

A person who takes time out of paid employment to care for a child up to 12 years of age or an incapacitated person can have up to 20 years of such activity disregarded in calculating the yearly average of PRSI contributions paid.

Payment, which includes allowances in respect of adult and child dependants (see Section 8 below), is made by means of a book of payable orders which can be cashed at a post office if you are living in Ireland, or into a bank account.

Old-age contributory pension can be paid abroad. If you intend going abroad to live, you should contact the Pension Services Office, Sligo, or your social welfare local office before leaving.

### Reduced rates of pensions

If you do not satisfy the PRSI contribution conditions for retirement pension, or old-age contributory pension on your Irish social insurance record, you may still be entitled to a reduced rate of pension if you have worked in another EU Member State, a State within the European Economic Area, or in a country with which Ireland has a bilateral social-security agreement.

The social insurance record in that country can be combined with your Irish insurance record and you may qualify for a pro-rata rate of retirement pension or old-age contributory pension. A pension may also be payable from the other country/countries where you worked. If so, it is decided and paid by the country or countries concerned.

The countries with which Ireland has a bilateral social-security agreement are Austria, Australia, Canada, New Zealand, Quebec, Switzerland and the United States. What has been said about retirement pension and old-age contributory pension applies also to widow's/widower's pension (see Section 6 below). Further information on these pensions is available from all social welfare local offices.

In certain cases persons who paid PRSI contributions in Ireland at both full and modified rates can also qualify for a reduced rate pension at age 66 (or under 66 in the case of a widow/widower who becomes a widow/widower before that age).

#### Reduced rates of pension — special half-rate pension for people with pre-1953 contributions

If you paid full-rate social insurance contributions before 1953, you may qualify for a special half-rate old-age (contributory) pension. In order to qualify for this pension you must have 260 full-rate employment contributions paid.

These 260 can be made up:

— solely of contributions paid before 1953, or

— a mixture of contributions paid before, and after 1953.

When determining the number of pre-1953 contributions, every two contributions paid count as three.

#### Periods of insurance completed outside Ireland

Periods of insurance or equivalent periods completed in another EU Member State or a State within the European Economic Area may be taken into account to fulfil the conditions required by Irish law. If a pensioner has been insured in another Member State, the pension will be calculated in accordance with the Community regulations.

If you are residing outside Ireland, you should send your pension claim to the pension insurance institution of the Member State in which you reside. Any Irish pension due will be paid by means of a payable order.

### Widow’s/widower’s and orphan’s pension

#### Widow’s/widower’s pension

This pension is payable to a widow or widower, regardless of his/her age, if the contribution
conditions are satisfied on either his/her late spouse's insurance or on his/her own insurance record. Briefly, the PRSI contribution conditions are that:

— at least 156 PRSI contributions must have been paid up to the date of the bereavement or the date he/she reached pension age; and
— either that a minimum average of at least 39 weeks PRSI contributions must have been paid or credited in either the three or the five tax years before the spouse's death or before he/she reached pension age;
— or that for a minimum pension, a yearly average of at least 24 weeks PRSI must have been paid or credited since starting work up to the end of the tax year before the late spouse died or reached pension age. For a maximum pension, a yearly average of 48 weeks PRSI must have been paid or credited.

The pension is payable as long as the recipient remains a widow/widower, or does not live with a new partner, until he/she receives an old-age or retirement pension at an equal or higher rate.

The pension should be claimed within three months of a spouse's death on a form which is available from any social welfare local office or post office.

Payments, which include allowances for child dependants (see Section 8 below), are made by means of a book of payable orders which can be cashed weekly at a post office of your choice if you are living in Ireland or into a bank account by electronic funds transfer (EFT).

Widow's/widower's pension can be paid abroad. If you are in receipt of this pension and intend going abroad to live, you should contact the Pensions Services Office, Sligo, before you leave.

Periods of insurance or equivalent periods completed in another EU Member State or a country within the European Economic Area may be taken into account to fulfil the conditions required by Irish law. If a widow/widower has been insured in another Member State, his/her pension will be calculated in accordance with the Community regulations.

- **Orphan's contributory allowance**

  Contributory orphan's allowance is payable where both parents are dead or if one parent is dead and the other has abandoned/failed or refused to support the child. Either a parent or a step-parent must also have at least 26 PRSI contributions paid.

- **Bereavement grant**

  Bereavement grant is payable on the death of:
  — an insured person;
  — the wife or husband of an insured person;
  — the widow or widower of an insured person;
  — a child (under age 18) of an insured person.

When an adult dies, a bereavement grant may be paid based on the PRSI contribution record of the deceased or of the husband or wife of the deceased. When a child dies, a bereavement grant is paid if either parent or the person the child normally lived with satisfies the PRSI contribution conditions.

A claim should be made within 12 months of the date of the death on an application form available from any social welfare local office. For further information, please contact the Department of Social, Community and Family Affairs (see Section 11).

- **Payments of benefits and pensions after death**

If a deceased person was receiving payment of any of the following:

— disability benefit;
— invalidity pension;
— unemployment benefit;
— injury benefit;
— retirement pension;
— contributory old-age pension;
— pre-retirement allowance;
— unemployment assistance;
— disability allowance;
— blind person's pension;
— supplementary welfare allowance;
— unemployability supplement;

and if this benefit included an increase for an adult dependant (see Section 8 below) or would have included such an increase but for the fact that the deceased person's spouse was in receipt of an old-age (non-contributory) pension, carer's allowance or blind person's pension, the payment which was being made to the deceased can continue for six weeks after bereavement. A claim is made by notifying the social welfare local office of the death.

When a dependent person dies in respect of whom an adult dependant increase of disability benefit, unemployment benefit or injury benefit was being paid, or such an increase would have been paid but for the fact that he or she was in receipt of old-age (non-contributory) pension or blind person's pension, payment of the adult dependant increase can continue to be paid to the surviving spouse for six weeks after bereavement.

When a child dies in respect of whom a child dependant increase in any social welfare payment was being paid, payment of the child dependant
increase can continue to be paid to the claimant for six weeks after bereavement.

7. Unemployment

Unemployment benefit is payable weekly to insured people during periods of unemployment. To be eligible for unemployment benefit:

— you must satisfy the PRSI contribution conditions;
— you must be capable of and available for work;
— you must be genuinely seeking work.

Periods of insurance or equivalent periods completed in another Member State or a country within the European Economic Area may be taken into account, provided that at least one social insurance contribution has been paid in Ireland since you came or returned to this country.

In certain circumstances, a person may be disqualified for certain periods, for example, if you lost your job through your own misconduct or if you refuse an offer of suitable employment.

Payment of unemployment benefit is normally made from the fourth day of unemployment. However, if you have submitted a claim for sickness or unemployment benefits in the preceding 13 weeks, payment may be made from the first day of unemployment. Unemployment benefit is normally paid for up to 390 days. However, it may be paid up to pension age (66 years) if you are over 65 and if you have paid at least 156 contributions while in insurable employment.

Unemployment benefit should be claimed on the first day of unemployment. You should make a claim at your social welfare local office. The claim may be made by post if the distance is more than 10 km (6 miles). Income tax forms such as form P 60 (end of year statement) may be required to determine your benefit entitlement.

Unemployment benefit is paid weekly in arrears by way of postal draft collected in a post office, by cheque or by electronic funds transfer (EFT) direct into the person’s bank account.

If you are receiving unemployment benefit in Ireland and intend to go to another Member State to look for work there, or if you intend to come to Ireland to look for a job while receiving unemployment benefit in another Member State, please consult the Community rules.

○ Redundancy payments

Most insured people are covered by the redundancy payments scheme that is administered by the Department of Enterprise, Trade and Employment.

An insured employee who loses his/her job through redundancy will, if certain requirements are met, receive a lump-sum payment. The amount of the lump sum is calculated by reference to the length of service with the employer who made him/her redundant, the age of the employee and his/her rate of pay at the time he/she received notice of dismissal.

A person is normally redundant when dismissal is due to the complete or partial closing down of the employee’s place of employment or to a decrease in the employer’s requirements for employees of his/her kind and qualifications.

It should be noted, however, that entitlement under this scheme depends on length of service with an employer in Ireland and not on contributions. The provisions of the Community regulations on the aggregation of insurance periods do not apply to redundancy payments.

If a person receives a redundancy payment in excess of EUR 19 046.07 (IEP 15 000), he/she may be disqualified for receiving unemployment benefit for a period of up to nine weeks. This disqualification does not apply where the claimant is aged 55 years or over.

8. Family benefits

○ Child benefit

Child benefit, which does not depend on insurance or on means, is in respect of each child under the age of 16. The age limit is extended to 19 years where the child is receiving full-time education or is incapacitated.

If you are in insurable employment in Ireland or if you are receiving a benefit or pension under Irish law in Ireland you may qualify for child benefit from the Department of Social, Community and Family Affairs even if the children are residing in another Member State.

Child benefit is payable monthly and becomes payable from the first day of the month following that in which the child is born or comes to live in Ireland. Claims should normally be made by the parent of the child within three months of that day on an application form available from all social welfare local offices.

In the case of multiple births, special lump-sum grants are made to the parent/guardian at birth, at age four years and at age 12 years.

○ Adoptive benefit

Adoptive benefit is a payment for an adopting mother or a single male who adopts a child. It is available to both employees and self-employed people who satisfy certain PRSI contribution conditions on their own insurance record. An
employee may qualify if they are an adopting parent and entitled to adoptive leave under the Adoptive Leave Act, 1995 and satisfy the PRSI contribution conditions.

To qualify for payment you must have:
— at least 39 weeks PRSI paid in the 12 months immediately before the date of placement of your child; or
— at least 39 weeks PRSI paid since first starting work and 39 weeks PRSI paid or credited in the relevant year before the year in which your adoptive leave commences.

You should apply for adoptive benefit five weeks before you intend to go on adoptive leave and payment is made by cheque through the post or direct into a bank account.

● Family income supplement

Family income supplement (FIS) is a regular weekly tax-free payment, payable to families, including lone parent families, at work on low pay.

To qualify for payment, you must be:
— an employee in paid full-time employment, working for 19 hours or more per week, or 38 hours or more per fortnight;
— you must have at least one qualified child who is normally living with you and maintained/supported by you;
— your income must be a prescribed statutory limit.

Full-time employment means that your employment must be expected to last for at least three months. Casual work such as seasonal work and government schemes do not count as full-time employment.

The main items counted as income are:
— your assessable earnings (gross pay less tax, employee PRSI levies, superannuation (spouse/partner);
— any extra income (spouse/partner) have from employment (overtime, bonuses, allowances, commission, etc.);
— income (spouse/partner) from self-employment;
— income (spouse/partner) from occupational pensions;
— any other income (spouse/partner) including social welfare, or health-board payments, except those excluded by law/regulation (such as child benefit).

● Payments for dependants

Men and women have equal rights to claim for a husband/wife who is a dependant and for dependent children. Different allowances exist for adult dependants and for child dependants. In some cases the payments for the children are split between the parents.

Adult dependants: if you are married, or cohabiting with someone as man/wife and you are supporting that person, then he/she is your dependant and you can claim an allowance for him/her, provided that certain conditions are satisfied. If you are single, widowed or a married person separated from your spouse and not maintaining or being maintained by that spouse, you may be entitled to an increase for a person over the age of 16 years who is wholly or mainly maintained by you and has the care of your dependent child who is living with you.

Child dependants: you can also get an extra allowance for each dependent child you have.

A child aged up to 18 years, who is living with you, is your dependant. If you are getting a pension or the long-term rate of unemployment assistance, a child aged between 18 and 22 years continues to be your dependant if he or she is in full-time education by day. In certain circumstances, increases for child dependants may be payable in respect of children aged 18 years and over, for a period of three months after they complete second level education.

Children can remain your dependants up to age 22 years as long as they remain in full-time education.

9. Non-contributory payments

If you are resident in Ireland and if you do not have enough contributions to qualify for a social insurance payment, or if you have used up your entitlement, you may be entitled to a non-contributory payment instead.

To qualify for payment, you must satisfy a means test and your means, as assessed, must be below a certain amount.

The non-contributory payments include:
— unemployment assistance payable to people who do not qualify for unemployment benefit;
— old-age non-contributory pension payable to people who do not qualify for an old-age contributory pension;
— disability allowance
— blind person’s pension payable to blind people aged 18 years or over;
— widow’s/widower’s (non-contributory) pension payable to widows/widowers who do not qualify for a widow’s/widower’s (contributory) pension;
— orphan’s non-contributory pension payable in respect of orphans where orphan’s contributory allowance is not payable;
— one-parent family payment payable to lone parents;
— carer’s allowance payable to people who take care of elderly or invalided people;
— family income supplement payable to a couple or single person who is/are employed, for at least 19 hours per week, or 38 hours per fortnight.

10. Decisions on claims

Deciding officers of the department give decisions on claims to the various social welfare payments administered by the Department of Social, Community and Family Affairs and on questions of insurability of employment.

Decisions in relation to (in)ability to pay for health services (see Section 2. A) are matters for decision at the sole discretion of the chief executive officer of the health board.

You may appeal against a decision of the deciding officer by notifying the Department of Social, Community and Family Affairs within 21 days of receiving the decision that you wish to appeal. The case will then be referred to the Social Welfare Appeals Office that operates independently of the Department of Social, Community and Family Affairs. An appeals officer may, if he thinks fit, hold an oral hearing of the case at which you may attend and give evidence or at which you may be represented if you prefer.

The appeal hearing is informal and is held in private. In attendance will be the appeals officer, the appellant and any representative you may bring to support your case. In certain types of cases there may also be witnesses present whom the appeals officer wants to question in order to get full particulars of the situation.

The deciding officer of the department who made the decision must give the reasons for the refusal of your claim. You will be given a full opportunity to comment on the reasons given and to put your case for the appeal to be allowed.

Where appeals relate to unemployment benefit or unemployment assistance, there may also be assessors present. Assessors are nominated by trade unions and employers’ organisations to assist the appeals officer.

11. Further information

PRSI contribution rates and levels of benefits, pensions and allowances are subject to frequent change. The current rates of payment in force are contained in the rates booklet SW 19 available free of charge from any social welfare local office.

More detailed information on the schemes administered by the Department of Social, Community and Family Affairs can be found in a booklet Guide to social welfare services (SW 4) available free of charge from any social welfare local office.

This booklet also contains a list of local information centres, the addresses of social welfare local offices, a list of offices administering the health services and a list of information leaflets covering in greater detail various aspects of social welfare schemes.

These leaflets may be obtained free of charge from any social welfare local office or from:

Information Service
Department of Social, Community and Family Affairs
Áras Mhic Dhiarmada
Dublin 1
Ireland
Tel. (353-1) 874 84 44
E-mail: info@www.welfare.ie

Other departments and offices mentioned in this guide

Department of Enterprise, Trade and Employment
Davitt House
65A Adelaide Road
Dublin 2
Ireland

Department of Health and Children
Hawkins House
Hawkins Street
Dublin 2
Ireland

Health and Safety Authority
10 Hogan Place
Dublin 2
Ireland
### Offices administering health services

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<th>Address of executive officer</th>
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<tr>
<td>Eastern Regional Health Authority</td>
<td>Dublin City and County, Counties Kildare and Wicklow</td>
<td>Canal House, Canal Road, Dublin 6</td>
</tr>
<tr>
<td>Midlands</td>
<td>Counties Laois, Longford, Offaly, and Westmeath</td>
<td>Arden Road Tullamore, County Offaly</td>
</tr>
<tr>
<td>Mid-western</td>
<td>Limerick City and County, Counties Clare and Tipperary (N.R.)</td>
<td>31-33 Catherine Street Limerick</td>
</tr>
<tr>
<td>North-eastern</td>
<td>Counties Cavan, Louth, Meath and Monaghan</td>
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<tr>
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<tr>
<td>South-eastern</td>
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1. Introduction

This part of the guide describes the main features of the Italian social-security system. Further information can be obtained from the competent insurance bodies, which are listed in Section 2 — Social security institutions.

In the following sections, you can find information on:

— sickness and maternity insurance and insurance against tuberculosis (Section 3 below);
— insurance against accidents at work and occupational diseases (Section 4);
— compulsory general invalidity, old-age and survivors’ insurance (Sections 5 to 7);
— unemployment benefits (Section 8);
— family benefits (Section 9).

• Registration with the compulsory general scheme

If you are in paid employment, your employer must complete all the necessary formalities.

If you are self-employed, you must register on your own account with the appropriate social insurance institution. These institutions are described in Section 2 below.

• Actual contributions

Employed workers

Contributions are calculated by applying the percentages laid down by law to the pay you receive in each payment period. These percentages vary according to the sector to which the firm belongs (industry, distributive trades, small craft businesses, credit, insurance, etc.) and the skills level, number of employees, geographical location, etc.

To determine the base on which contributions are levied, pay is considered to be everything in cash or in kind which you receive from your employer as a result of your employment relationship, before any deduction. The only items excluded are those explicitly specified by law.

Your rate of pay (per hour, day or month depending on your type of employment relationship) may not be less than the minimum laid down for the category to which you belong.

Your employer pays the contributions to the INPS, including the part charged to you.

The payments are made by means of the standard payment forms at banks, post offices and tax collection agencies.

They must be made by the 15th of the month in which they are due. This is usually the 15th of the month following that in which you earned the pay on which they are charged.

The monthly declarations must be made through the intermediary to whom the contributions are paid, or in some cases directly to the INPS. Sums which your employer advances to you on behalf of the institute (income supplements, sickness or maternity allowances, family benefit, etc.) can be entered in form DM 10/2 and offset against contributions due.

Since 1999, a combined personal INPS-FISCO return has had to be made (for social security and tax purposes) for pay received in the previous year.

Self-employed workers

Since 1 January 1993, the contribution for each year has been calculated on the basis of the total income of your business declared for income tax (IRPEF) purposes for that year.

Family workers also have to pay contributions, at a reduced rate if they are less than 21 years old. There are upper and lower limits to the annual income on which contributions are paid.

Since 1 July 1990, smallholders and sharefarmers have had to pay contributions only on the taxable notional average income (reddito medio convenzionale imponibile) fixed annually by ministerial decree for each of the four categories of farm distinguished by law according to the farm income they generate.

The normal contribution rate is reduced for hill farms or farms in difficult farming areas.

Since 1 January 1993, national health service contributions have been collected directly by the tax authority by means of the annual income declaration.

• Voluntary contributions

If you leave paid employment or self-employment temporarily or permanently, you can preserve or top up your sickness, old-age and survivors’ entitlements by paying voluntary contributions, which the law treats as equivalent to compulsory contributions.

You may do this only if you have paid three years’ contributions in the five years before you apply.
If you are self-employed, the authorisation to pay contributions runs from the first Saturday after you apply and will not lapse. Your contribution will be set on the basis of your average earnings in the year preceding the authorisation, with a lower limit of 40% of the minimum pension on 1 January of each year. If you pay contributions for a class lower than that in which you have been placed, your number of reckonable weeks will be reduced proportionately.

Contributions are paid quarterly by means of post office giro slips, which can also be paid through authorised banks.

- **Contributions to fill in gaps in your insurance record**

For certain periods in which you were not insured, you may choose to pay a special contribution known as *riscatto*, provided that the reason for your not being insured was one of a limited number of activities, such as formal university study or work abroad in countries with which Italy does not have a social-security agreement. If you have already paid contributions for five years, you may also buy back periods in which you took optional maternity leave or did not work because you were caring for a handicapped person.

- **Contribution credits**

Contributions may sometimes be credited to you even though you did not actually pay them.

Credits can help you to acquire the right to a pension or to increase its value.

Sickness and unemployment credits can be taken into account for an old-age pension awarded after 35 years’ contributions, while all credited contribution periods count towards the old-age pension based on 40 years’ contributions.

You can obtain credits for:
- military service;
- political or racial persecution;
- illness and accident;
- unemployment;
- tuberculosis;
- pregnancy and postnatal recovery;
- periods in which you were supported by the wages guarantee fund;
- redundancy;
- natural disasters;
- unpaid blood donations;
- leave for public office or trade-union activity.

2. **Social security institutions**

The various types of insurance are administered by the following institutions.

- **Sickness (including tuberculosis) and maternity insurance**

Health care (medical treatment) is provided by the local health authority (Azienda Sanitaria Locale, ASL) of the place where you live. The ASLs form part of the national health service (Servizio Sanitario Nazionale). You should register with the ASL of your new place of residence whenever you change address. If you are employed at sea or in civil aviation, your health benefits are administered by a special department of the Ministry of Health (Ufficio di Sanità Marittima/Aerea).

The allowances for sickness and maternity are paid by the National Institute of Social Insurance (Istituto Nazionale della Previdenza Sociale, INPS). If you are employed at sea, these benefits are paid by the Insurance Institute for the Maritime Sector (Istituto di Previdenza per il Settore Marittimo, Ipsema).

- **Insurance against accidents at work and occupational diseases**

Health care is provided by the same institutions as under the sickness insurance scheme.

Cash benefits for victims of accidents at work and occupational diseases are paid by the provincial office (sede provinciale) of the National Institute for Industrial Accident Insurance (Istituto Nazionale per l’Assicurazione contro gli Infortuni sul Lavoro, INAIL). If you are employed at sea or as civil aviation aircrew, these benefits are paid by the maritime fund (cassa marittima) with which you are registered.

- **Invalidity, old-age and survivors’ insurance (pensions)**

Almost all employees in the private sector and some categories of public employee are compulsorily insured by the INPS against the risks of old age, invalidity, death, unemployment, tuberculosis and sickness.

The following categories of self-employed worker are also compulsorily insured, though only against the risks of old age, invalidity and death: smallholders, sharefarmers, craftsmen and tradespeople, enrolled midwives who practise independently and farmers with farming as their main occupation.

The same cover as for employed workers is extended to domestic staff, except for sickness benefit payments, and homeworkers, except for wage guarantee payments.
The INPS also manages various special social insurance schemes and funds for particular categories of worker: rail and tram workers, tax collectors, excise officers, telephone fitters, electricity-board employees, employees of private electricity and gas companies, airline staff and Catholic and other clergy.

The following institutions are currently operating in Italy.

- Public social-security and welfare institutions
  - National Institute of Social Insurance (Istituto Nazionale della Previdenza Sociale, INPS);
  - National Institute for Industrial Accident Insurance (Istituto Nazionale per l’Assicurazione contro gli Infortuni sul Lavoro, INAIL);
  - National Insurance Institute for Employees of the Public Administration (Istituto Nazionale di Previdenza per i Dipendenti dell’Amministrazione Pubblica, Inpdap);
  - Insurance Institute for the Maritime Sector (Istituto di Previdenza per il Settore Marittimo, Ipsema);
  - Posts and Telecommunications Institute (Istituto Postelegrafonici, IPOST);
  - National Social Insurance Institute for Managers of Industrial Enterprises (Istituto Nazionale di Previdenza Dirigenti Aziende Industriali, Inpdai);
  - National Social Security and Assistance Board for Entertainment Workers (Ente Nazionale di Previdenza e Assistenza per i Dipendenti dello Spettacolo, Enpals);

- Privatised social-security and welfare institutions
  - National Social-Security and Assistance Fund for Veterinarians (Ente nazionale di previdenza ed assistenza dei veterinari, ENPAV);
  - National Social-Security and Assistance Fund for Agricultural Employees (Ente nazionale di previdenza per gli addetti e per gli impiegati in agricoltura, Enpaia);
  - National Social-Security and Assistance Fund for Self-employed Engineers and Architects (Cassa nazionale di previdenza ed assistenza per gli ingegneri ed architetti liberi professionisti, Inarcassa);
  - National Social-Security and Assistance Fund for the Legal Profession (Ente nazionale di previdenza ed assistenza forense);
  - National Social-Security and Assistance Fund for Business Studies Graduates (Cassa nazionale di previdenza e assistenza a favore dei dottori commercialisti, CNPADC);
  - National Fund for Notaries (Cassa nazionale del notariato);
  - National Social-Security and Assistance Fund for Doctors (Ente nazionale di previdenza ed assistenza dei medici, ENPAM);
  - National Social-Security and Assistance Fund for Labour Relations Consultants (Ente nazionale di previdenza e assistenza per i consulenti del lavoro, ENPACL);
  - National Foundation for Assistance to Orphans of Italian Health Workers (Opera Nazionale Assistenza Orfani Sanitari Italiani, Onaosi);
  - Fund for Employees of Courier and Shipping Agents (Fondo agenti spedizionieri corrieri, FASC);
  - National Social-Security Fund for Italian Journalists (Istituto Nazionale di Previdenza dei Giornalisti Italiani ‘Giovanni Amendola’, INPGI);
  - National Social-Security and Assistance Fund for Accountants and Commercial Experts (Cassa nazionale di previdenza e assistenza a favore dei ragionieri e periti commerciali, CNPR);
  - National Insurance Institute for Commercial Employees and Representatives (Ente Nazionale di Assistenza Agenti Rappresentanti del Commercio, Enasarco);
  - National Social-Security and Assistance Fund for Psychologists (Ente nazionale di previdenza ed assistenza psicologi, ENPAP);
  - National Social-Security and Assistance Fund for Industrial Technicians (Ente nazionale di previdenza ed assistenza periti industriali, EPPI);
  - National Social-Security and Assistance Fund for Biologists (Ente nazionale di previdenza ed assistenza biologi, ENPAB);
  - Multi-occupational National Social-Security and Assistance Fund for Agricultural and Forestry Engineers, Chemists and Geologists (Ente nazionale di previdenza ed assistenza pluricategorie per agronomi e forestali, chimici, geologi, EPAB).

3. Sickness and maternity

Under the sickness and maternity insurance scheme, you are entitled to the following types of benefit:

- benefits in kind (health care) if you are ill (Section A below);
- supplementary benefits (particular kinds of health care);
— cash benefits if you are unable to work because of sickness (Section B);
— health care and cash benefits during maternity leave (Section C);
— there is also a special scheme for tuberculosis (Section D).

General conditions for entitlement to benefits
You are entitled to sickness and maternity benefits if you are an Italian citizen or a citizen of another EU Member State, are resident in Italy and have registered with the local health authority (ASL) for the area where you live.

The Community rules apply if you are insured in Italy and get medical treatment in another Member State, or if you draw sickness benefit in Italy but are resident in another Member State.

A. HEALTH-CARE BENEFITS IN KIND (MEDICAL TREATMENT)

All Italian nationals resident in Italy, as well as foreigners working in Italy and their dependants, are entitled to health-care benefits.

Health care includes:
— treatment by a general practitioner at home or at his surgery;
— specialist paediatric and obstetric/gynaecological treatment;
— specialist treatment (including dental care) in public out-patient facilities and in private facilities which have concluded an agreement with the national health service;
— hospitalisation (including confinement for childbirth) in public medical facilities (hospitals, clinics, etc.) and in private facilities which have concluded an agreement with the national health service;
— medicines and drugs.

Health care is provided for an indefinite period.

How is health care provided?
Health care can be provided directly or indirectly. Direct provision means that the treatment or medicine is provided free of charge by the local health authority (ASL) or by authorised doctors or chemists. Indirect provision means that the patient initially pays the cost of benefits received and is reimbursed afterwards.

As a rule, health care is provided directly through the facilities and services run by the local health units.

General medical assistance
General assistance is provided directly, either at the doctor’s surgery or at your home if you are confined to bed. You may seek such assistance only from the general practitioner with whom you have chosen to register or, in his absence, from the doctor replacing him.

If you are temporarily away from your usual address, you may, in an emergency, seek treatment from any doctor who has concluded a contract with the health service, but you must pay for the treatment yourself and will be reimbursed at not more than the fixed rate. For emergencies, there is a medical service at night, on Sundays and on public holidays.

Paediatric treatment is provided up to the age of 12.

Medicines
Pharmaceutical products are provided directly if you produce a medical prescription to the dispensing chemist. The prescription may be issued by either a general practitioner or a specialist working within the health service.

Most medicines are listed in the treatment manual (Prontuario terapeutico), which distinguishes between two categories of medicines. The first is entirely free of charge; it covers medicines for treatment of emergencies, high-risk illnesses and disabling and chronic conditions. For other medicines, you have to pay part of the cost directly to the chemist when you obtain them. There is a fixed charge for each medical prescription.

If a doctor prescribes a medicine which is not included in the treatment manual, you must bear the full cost.

Specialist treatment and treatment in hospital
Specialist treatment is provided directly by outpatient facilities of your local health authority (ASL) or at private establishments which have concluded a contract with the health service. You have to pay part of the cost of diagnostic and laboratory services.

Hospital treatment is provided free at hospitals and at private clinics which have concluded an agreement with the health service. Except in an emergency, you will be admitted to hospital only if you produce a note from your general practitioner. You must obtain prior authorisation from your local health unit before being admitted to a private clinic which has concluded a contract with the health service.
A stay in hospital is free of charge. However, if you ask for special facilities (single room, telephone, television), you have to pay the extra cost.

- **Supplementary benefits**
  
  Supplementary benefits are generally provided indirectly and only part of the cost is reimbursed. They cover only hydrothermal treatment, prostheses and specified orthopaedic treatment, and certain instrumental diagnosis facilities. To obtain them, you should apply to your local health unit, submitting a statement from your doctor.

- **How to obtain health care**
  
  You are entitled to health care if you have registered with the local health authority (ASL) at the place where you live.

  When you register, you choose your general practitioner from a list of doctors who have concluded a contract with the national health service. When the need arises, you should attend the doctor's surgery. If you are confined to bed, you may ask the doctor to visit you at home.

B. **CASH BENEFITS**

- **Sickness allowance (indennità di malattia)**
  
  This compensates for loss of earnings and is paid to workers from the fourth day after it is established that they are sick (that is, no allowance is paid for the first three days, except in cases of relapse).

  The allowance is paid for not more than 180 days per calendar year, with further restrictions for workers on temporary contracts.

  Except for some categories of worker, the allowance is paid directly by the employer and offset against the contributions due to the INPS. It is usually 50% of the worker’s pay for the first 20 days of illness, rising to 66.66% after the 20th day.

  Many employment contracts stipulate that the employer will top up the allowance.

  As evidence of illness, you must obtain two copies of the prescribed certificate from your doctor. Within two days of receiving it, you must send the first copy, which contains the diagnosis and of course an estimate of how long the illness will last, to your local branch of the INPS (depending on where you live) and the second copy (attestato), stating only how long you are expected to be sick, to your employer.

  If you are absent without good reason when a check-up visit is made, you will lose the whole of the sickness allowance for the first 10 days and it will be reduced to 50% for the rest of the time if you are absent again.

  If you fail to submit the certificates promptly, the allowance is not paid for the days for which you delay.

C. **MATERNITY BENEFITS**

  Maternity benefits comprise medical treatment and cash benefits. The general rules described in Section A apply to medical treatment. General obstetric treatment is provided directly and free of charge at the facilities of your local health unit. It can also be provided at your home, by midwives who have concluded an agreement with the health service.

- **Maternity allowance (indennità di maternità)**
  
  This is paid to women in paid employment who are required to stay off work for the two months preceding the expected date of birth and the three months following the actual birth.

  It is also paid for not more than three months to workers who are the adoptive or foster mothers of children less than six years old. This allowance, too, is usually paid directly by the employer and offset against the contributions due to the INPS.

  During the period of compulsory leave, the allowance amounts to 80% of pay. After this period, the working mother (or alternatively, the father) may take leave for up to six months, which need not be continuous, during the first year of the child’s life and is then entitled to an allowance amounting to 30% of pay. This is also paid to workers who are the adoptive or foster mothers of children less than three years old.

  A daily maternity allowance is also paid directly by the INPS to self-employed women (smallholders, sharefarmers, craft workers and women pursuing trade activities) for the two months preceding the expected date of birth and the three months following the actual birth.

D. **INSURANCE AGAINST TUBERCULOSIS**

  Tuberculosis sufferers are covered by a special scheme in addition to the sickness and maternity insurance scheme (see Sections A, B and C above). The special scheme comprises medical treatment and cash benefits. Medical treatment is subject to the general rules explained in Section A.

- **Tuberculosis allowances (indennità antitubercolari)**
  
  These are cash benefits paid to workers and members of their families (spouses, children, brothers, sisters, parents and persons of equivalent status) who suffer from tuberculosis. They are subject to certain conditions, and the insured
person must have accumulated at least one year’s contributions in the course of his working life.

The benefits in question are as follows:

— daily allowance during treatment, unless you are entitled to full pay;
— post-sanatorium allowance, paid for two years following a stay in hospital or course of out-patient treatment lasting at least 60 days. If you received out-patient treatment, you must have been off work for at least 60 days, which need not be continuous;
— two-year treatment or maintenance allowance, paid if your earning capacity in occupations consonant with your abilities is reduced by at least half as a result of or in connection with tuberculosis and you do not receive normal full-time pay continuously. This allowance can be renewed indefinitely, for two years at a time, as long as these conditions are satisfied;
— Christmas bonus, paid if you receive tuberculosis-related assistance, in the form of health care or cash benefits, for even one day in the course of December.

4. Accidents at work and occupational diseases

If you are employed in a trade which is regarded in Italian law as involving a risk of accidents at work or occupational diseases, you must be insured against these risks.

Coverage of occupational diseases is ensured by the ‘dual’ system. This means that occupational diseases are taken to be those listed in the appropriate tables or any other disease for which the worker can prove an occupational origin, that is, a causal link with the work done. Recent legislation has extended cover to other categories of worker (managers, professional sportsmen, quasi-subordinate workers) and to persons working only in the home (‘housewives’ insurance’).

A board has also been established to review the list of occupational diseases annually.

If you suffer an accident at work, you must inform your employer immediately. If the accident causes injuries from which you will take more than three days to recover, your employer is required to report the accident to the INAIL (National Institute for Industrial Accident Insurance) within two days of being informed of it. Employers must inform the INAIL by telegram within 24 hours of fatal accidents and those likely to prove fatal.

As far as medical treatment is concerned, the system explained in Section 3.A above is fully applicable. In order to be awarded or retain cash benefits, you may not, without good reason, refuse to undergo treatment considered necessary, even if you have already been awarded a pension. To reduce your degree of incapacity, the INAIL provides prosthetic appliances free of charge, either automatically or on request.

The following are the types of cash benefit available to you, or to your survivors in the event of your death:

— total temporary disability allowance (indenmità per inabilità temporanea assoluta);
— direct pension for permanent disability (rendita diretta per inabilità permanente);
— tide-over allowance for silicosis and asbestosis sufferers (rendita di passaggio per silicosi e asbestosi);
— survivors’ pension (rendita ai superstiti) and funeral grant (assegno funerario);
— direct pension supplement during rehabilitation treatment (integrazione rendita diretta);
— constant attendance allowance (assegno per assistenza personale continuativa);
— survivors’ special monthly allowance (speciale assegno continuativo mensile);
— end-of-year bonus (erogazione di fine anno);
— prostheses and devices;
— spa cures;
— certificate and identification;

They are paid by the INAIL.

The main benefits are outlined below.

- Permanent incapacity for work

If you suffer more than a certain percentage of permanent disability as a result of an occupational disease or accident, the INAIL will pay you a monthly allowance in compensation for the harm suffered.

A major innovation has recently been introduced: whereas in the past compensation was paid only for the financial consequences of the harm suffered, it will in future be paid for all permanent impairment of your physical and mental integrity. The INAIL thus now pays compensation for ‘biological impairment’, as a lump sum if you are found to suffer between 6 and 15 % disability and as a life annuity for over 16 % disability. Compensation for health impairment is intended to indemnify you for your reduced ability to pursue the activities which give expression to your personality (in emotional, social, political, cultural, religious terms, etc.).
When your health impairment exceeds 15%, it is presumed to affect your working and earning capacity, and in such cases you are also paid compensation for the financial impact of your biological impairment. The pension is calculated on the basis of your earnings in the year preceding the accident or onset of disease and of your degree of disability.

Permanent disability pensions are reviewed annually.

Your degree of disability may be reassessed automatically or at your request any time during the first two years and subsequently at intervals of at least one year. You must send a medical certificate with your request for reassessment.

Your pension is increased by 1/20 for each dependent child.

- **Attendance allowance**

  A monthly attendance allowance is awarded if you suffer permanent total disability requiring constant attendance and if such attendance is not provided directly by the INAIL at a hospital where you are being cared for, or by some other institution. The allowance is granted in addition to the disability pension.

- **Survivors’ pension**

  Should you die as a result of an accident at work or occupational disease, your survivors are entitled to a pension calculated as a percentage of your last annual earnings, as follows:
  - 50% for your surviving spouse;
  - 20% for each child up to the age of 18; children remain entitled to the pension up to the age of 21 if at secondary school or 26 if at university;
  - 40% for orphans, if both parents have died;
  - 20% for each parent if they are dependent on you when you die, provided there is no surviving spouse or children;
  - 20% for each brother or sister if they are dependent on you when you die, again provided you leave no spouse or children.

- **Funeral grant**

  A funeral grant is awarded as a single payment to survivors who can show that they have had to incur extra expenditure in connection with the insured person’s death.

5. **Invalidity and disability benefits**

All employed persons and some self-employed groups (smallholders, sharefarmers, craftsmen and tradespeople) are insured against invalidity. If you are a self-employed practitioner of one of the liberal professions (doctor etc.), you are also entitled to a pension, but the rules vary greatly depending on the category to which you belong. You should apply for further information to your social-security fund (see Section 2 above).

- **Ordinary invalidity allowance (assegno ordinario di invalidità)**

  The ordinary invalidity allowance is paid to insured persons whose working capacity in occupations consonant with their abilities is permanently reduced to less than one third as a result of infirmity or physical or mental deficiency.

  You are granted the allowance for three years and can apply to have it extended for three years at a time, subject to review by the institute.

  Once the allowance has been awarded three times in succession, it is confirmed permanently. It does not pass to survivors.

  To benefit, you must prove that you have been insured for five years and have paid five years’ contributions; at least three of the five years’ contributions must have been paid in the five years preceding your application.

  The Pensions Reform Act provides that, after 1 September 1995, an ordinary invalidity allowance paid as a result of an occupational accident or disease cannot be claimed in addition to a life annuity paid for the same reason, except to the extent that it exceeds that annuity. More favourable arrangements dating from before 1 September 1995 will continue to apply, the advantage being offset against future improvements. As from 1 September 1995, where the invalidity allowance is combined with earnings from paid employment, self-employment or business activity, it is reduced by between 25 and 50%. Here again, more favourable arrangements dating from before 1 September 1995 will continue to apply and will be offset against future improvements.

  When you reach the age of entitlement to the old-age pension, the invalidity allowance is converted into an old-age pension, provided you satisfy the insurance and contribution requirements and have stopped work, if you were in paid employment. Periods when you were receiving the allowance and were not in work are taken into account for determining whether you are entitled to the pension, but not for calculating its value.

- **Ordinary disability pension (pensione ordinaria di inabilità)**

  The ordinary disability pension is paid to insured persons who are totally and permanently unable
to engage in any type of work as a result of infirmity or physical or mental deficiency.

To benefit, you must prove that you have been insured for five years and have paid five years’ contributions; at least three of the five years’ contributions must have been paid in the five years preceding your application. The pension may pass to survivors.

The disability pension cannot be combined with earnings from self-employment or paid employment, unemployment benefit or other benefits which replace or supplement earnings.

The pension is equal to the invalidity allowance plus an addition reflecting the longer insurance record you would have had if you had continued to work until pensionable age. The Pensions Reform Act provides that, after 1 September 1995, a disability pension paid as a result of an occupational accident or disease cannot be claimed in addition to a life annuity paid for the same reason, except to the extent that it exceeds that annuity. More favourable arrangements dating from before 1 September 1995 will continue to apply, the advantage being offset against future improvements.

Invalidity allowances and disability pensions are paid from the first day of the month following that in which the application was submitted or the invalidity or disability arose.

- **Monthly constant attendance allowance**
  
  If you are a pensioner and, because of your disability, are unable to walk without constant assistance from an attendant or if you require constant attendance because you are unable to perform everyday activities, you may apply for a monthly allowance equal to that provided for under the compulsory insurance against occupational accidents and diseases. It does not pass to your survivors.

  With your application, you must submit the documentation on your condition. This allowance cannot be combined with the equivalent allowance paid by the INAIL.

6. **Old-age benefits**

All employed persons and some self-employed groups (smallholders, sharefarmers, craftsmen and tradespeople) are entitled to an old-age pension. If you are a self-employed practitioner of one of the liberal professions (doctor etc.), you are also entitled to a pension, but the rules vary greatly depending on the category to which you belong. You should apply for further information to your social-security fund (see Section 2 above).

There are two types of old-age pension: the contribution-record-based seniority pension and the old-age pension proper.

- **Record-based seniority pension**
  
  You are entitled to the seniority pension under the general compulsory insurance scheme for employed persons if you satisfy the age and contribution record requirements laid down by law, or the contributions requirements only. For the year 2000, you must be 55 years old and have paid 35 years’ contributions. Alternatively, your age is disregarded if you have paid at least 37 years’ contributions.

  The date on which the seniority pension first becomes payable depends on the date on which you satisfy these requirements.

  If you qualify by 31 March 2000, the pension is paid from 1 July 2000 if you are 57 years old or more on 30 June 2000. If the contributions requirement is satisfied by 30 June 2000, the pension is paid from 1 October 2000 if you are 57 years old or more on 30 September 2000. If the contributions requirement is satisfied by 31 October 2000, the pension is paid from 1 January 2001 and if you qualify by 31 December 2000, it is paid from 1 April 2001.

  The previous rules for entitlement and start of payment continue to apply to some categories.

- **Old-age pension**
  
  From 1 January 2000, self-employed and employed persons who have been insured and have contributed for at least 19 years receive the old-age pension on reaching pensionable age. This is 65 years for men and 60 years for women.

  If you are in paid employment, you must stop work in order to receive the pension.

  It runs from the first day of the month following that in which you reach pensionable age or, if you do not satisfy the insurance and contributions requirements on that date, from the first day of the month following that in which you do so.

  You may ask for the pension to be paid from the first day of the month following that in which you submitted your application, provided you satisfy the law’s requirements on that date.

7. **Survivors’ pensions**

The survivors’ pension is paid to the surviving members of your family when you die and is known as a ‘reversionary pension’ (pensione di reversibilità) if you are receiving a direct pension at the time of death and as an ‘indirect pension’ (pensione indiretta) if you are not receiving a
direct pension but at the time of death satisfy the insurance and contribution requirements for entitlement to the ordinary invalidity allowance or disability pension or the old-age pension requirements applying before 1 January 1993.

Whether you are a pensioner or insured worker, the pension is paid from the first day of the month following than in which you die, if your survivors apply for it.

The family members entitled to the pension are:
— your spouse and children who at the time of your death are minors, students or disabled;
— parents over 65 years old at time of your death who are not receiving a pension and are dependent on you, if you have not left a spouse or any children or if your spouse or children are not entitled to the survivors’ pension;
— unmarried brothers and sisters who at the date of your death are disabled, are not receiving a direct or indirect pension and are dependent on you, if you have not left a spouse or any children or if your spouse or children are not entitled to the survivors’ pension.

Your spouse or sole surviving child is entitled to 60 % of the direct pension; each child is entitled to 20 % if your spouse is also entitled and 40 % if only the children are entitled, while each parent, brother or sister receives 15 %.

The sum of the shares may not exceed 100 % of the direct pension. For pensions first paid from 1 September 1995 onwards, the percentage paid to a child who is the sole survivor is raised from 60 to 70 %. From 1 September 1995 onwards, the pension benefits paid to survivors are reduced by between 25 and 50 % if the recipient’s income exceeds certain limits. As from the same date, reversionary pensions paid under the compulsory general insurance scheme as a result of an occupational accident or disease cannot be claimed in addition to a life annuity paid for the same reason, except to the extent that they exceed that annuity.

More favourable arrangements dating from before 1 September 1995 will continue to apply, the advantage being offset against future improvements.

### Level of pensions

The 1995 reform introduced a new, defined-contribution system for calculating pensions.

#### Defined-contribution system (sistema contributivo)

This applies to all workers first insured on or after 1 January 1996. Its main features are as follows:

- the contributions which have been paid for you are calculated. The rates used in calculating contributions are 33 % of taxable earnings for employed persons and 20 % for the self-employed;
- the accrued contributions are adjusted each year by the average change in nominal GDP for the previous five years. This is calculated by the Italian statistical office, ISTAT;
- the figure so obtained (contributions capital plus adjustment) is multiplied by a conversion coefficient linked to your age at the date when the benefit is awarded. This coefficient ranges from 4.720 to 6.136 % for ages from 57 to 65, reflecting the length of time for which you can be expected to draw the pension.

If your pension is calculated solely by the defined-contribution method, the contributions and pensions base is limited to EUR 68 172.31 (ITL 132 000 000) per year. Defined-contribution pensions are not made up to the subsistence level.

#### Dual system (sistema misto)

If you had accumulated less than 18 years’ contributions on 31 December 1995, the defined-benefit system is used to calculate the part of your pension which corresponds to your contributions up to that date and the defined-contribution system for the part based on the contributions accruing to you after 1 January 1996.

#### Defined-benefit system (sistema retributivo)

If you have already accumulated at least 18 years’ contributions, your pension will continue to be calculated according to the defined-benefit system. This, too, was partly changed by Act No 335 as regards the reference earnings period.

The maximum pension is reached with 40 years’ contributions and 2 % of your average pensionable earnings is awarded for each year of contribution.

Diminishing rates apply if your earnings exceed a certain ceiling.

#### Option

If you have accumulated 15 years’ contributions, including five years under the new, defined-contribution system, you may opt for the new system. This is thus possible only in the year 2001.

#### Minimum pension support (trattamento minimo delle pensioni)

Pension support is a supplement which the State, through the INPS, pays if your pension as calculated from the contributions paid is very
low, below what is regarded as the subsistence level. The pension due is then increased (‘supplemented’) to a figure determined each year by law.

- **Income limits**

**Pensions which first became payable on or after 1 January 2000**

The minimum pension supplement is paid:

- if you are unmarried or are legally and actually separated and your personal income subject to income tax (IRPEF), calculated from the figure for January 2000, is less than EUR 9 680.16 (ITL 18 743 400) (twice the annual value of the INPS minimum pension);
- if you are married and are not legally and actually separated, and
  - (a) your personal income is not more than EUR 9 680.16 (ITL 18 743 400);
  - (b) your joint income with your spouse is not more than EUR 19 360.32 (ITL 37 486 800) per year (four times the annual value of the INPS minimum pension).

**Pensions which first became payable before 1 January 2000**

- If your pension first became payable before 1994, only your own income is taken into account for minimum pension support purposes;
- if your pension first became payable in the course of 1994, account is taken of your own income and of your joint income with your spouse, which must be less than five times the annual value of the INPS minimum pension. For the year 2000, this figure is EUR 24 200.40 (ITL 46 858 500);
- if your pension first became payable in 1995 or later, your joint income with your spouse must be less than four times the minimum pension, that is, EUR 19 360.32 (ITL 37 486 800) for the year 2000.

However, if you are married, you cannot be granted the supplement if your personal income is above the limits laid down by law, even if your joint income is not. Nor can the supplement be granted if your personal income is below the limit but your joint income is above it.

- **Social pension (pensione sociale) and social allowance (assegno sociale)**

Before 1 January 1996, the social pension was granted to citizens (of Italy or a European Community country) over 65 years of age who were resident in Italy, who had no insurance cover of any kind and whose income, including that of their spouse, was below the statutory limit. Since 1 January 1996, citizens over 65 years of age who are resident in Italy, who have no insurance cover of any kind and whose income, including that of their spouse, is below the statutory limit receive a benefit known as the ‘social allowance’, which replaces the social pension and its increments.

**8. Unemployment benefits**

If you are unemployed through no fault of your own, have been insured for two years and have paid one year’s contributions in the last two years, you receive daily benefit for every day you are out of work, including weekends and holidays, for 30 days per month (28 or 29 days for February), up to a limit of 180 days. This benefit amounts to 30 % of your average earnings in the last three months in which you were in work.

If you are unemployed, have been insured for two years and have worked and have paid contributions for at least 78 days, you are entitled to unemployment benefit in the following year for not more than the number of days worked. The benefit amounts to 30 % of your average earnings in the previous year.

Other specific unemployment benefits are the ordinary benefit for Italian workers returning from abroad and special benefits for workers made redundant by building firms and for Italian frontier workers in Switzerland.

There are special rules for agricultural workers.

If you are drawing unemployment benefit, you also receive family benefit on the same basis as workers in employment. The Institute pays all unemployment benefits directly.

- **Redundancy allowance (indennità di mobilità)**

If you satisfy certain insurance record requirements, are receiving special assistance under the wages guarantee fund and cannot be taken on again within your firm or are dismissed because your employer is shedding labour or ceasing to operate, you may claim a redundancy allowance.

This is paid for at least 12 months, increased to 24 months if you are over 40 years old and 36 months if you are over 50. In the Mezzogiorno, these periods are extended by a further 12 months, and in some cases until you become entitled to old-age or seniority pension.

This ‘extended redundancy’ status has also been made available to workers in some sectors which are in serious difficulties.

The allowance is equal to the special assistance provided under the wages guarantee fund for the first year and to 80 % for subsequent periods. It
can be paid in advance as a lump sum if you intend to set up in business on your own or in association with others.

Periods in which you receive the redundancy allowance count towards pensions entitlement and assessment. If you are receiving the redundancy allowance, you may engage in part-time or temporary work without losing your right to the allowance, though it will not be paid on the days you work.

- **Unemployment allowance (assegno di disoccupazione)**

  For some years, an unemployment allowance has been paid if you are on a redundancy list or have been on the unemployment registers for at least two years and are placed on one of the job creation schemes (progetti socialmente utili) promoted by public bodies.

- **Incompatibility**

  Ordinary and special unemployment benefits, including the redundancy allowance and unemployment allowance, cannot be combined with direct pension benefits and the amounts paid may not exceed a certain limit.

- **Wages guarantee fund (cassa integrazione guadagni)**

  Ordinary assistance (trattamento ordinario) from the wages guarantee fund is authorised by the local provincial boards. It is available for blue- and white-collar workers and supervisory and managerial staff of industrial firms in general, and firms and tradesmen in the building and quarrying industries, when work is reduced or suspended as a result of business situations resulting from temporary market conditions or from short-term events which are not the fault of the employer or workers.

- **Special assistance (trattamento straordinario)**

  Special assistance is authorised by Ministry of Labour decree. It is available to safeguard the earnings of blue- and white-collar workers in industrial firms (including those in the building and quarrying industries) who are laid off because of restructuring, reorganisation or conversion of the firm, critical business difficulties, bankruptcy, arrangements with creditors or liquidation of assets, provided the firm employed 15 workers on average in the six months preceding the application for assistance.

  There is wider coverage on a temporary basis for firms in particular categories.

  These arrangements also apply to commercial businesses with over 200 employees and small craft businesses with over 15 employees if the firms which are their main customers are granted special wage guarantee assistance.

  Special assistance from the wages guarantee fund cannot normally be granted for more than 18 months for insolvency proceedings, 12 months for critical business difficulties and 24 months for restructuring, although various extensions are granted by law.

  Such assistance cannot be granted for any given production unit for more than 36 months in total within a five-year period, taking days of both ordinary and special assistance into account, but there are many cases in which firms may be exempted from this limit.

  The firms concerned are also required to draw up action programmes, including any planned measures to tackle the social consequences, and to apply the rotation system in determining which workers are to be assigned to the wages guarantee fund.

  The ordinary or special assistance amounts to 80 % of the total pay which would have been due for the hours which in fact were not worked.

  The level of ordinary or special assistance may not exceed a monthly limit, which is reviewed annually.

- **Incompatibility**

  If you engage in paid work while receiving assistance from the wages guarantee fund without having informed the competent INPS office in advance, you will lose your right to benefit.

  Employers also incur penalties if they employ workers who are receiving wage guarantee benefit.

  There are special rules for the building and agricultural sectors.

  Layoff periods in which you receive wages guarantee fund payments count towards pensions entitlement.

- **Repatriation benefit (trattamento di rimpatro)**

  If you are a worker from outside the EU and do not have sufficient funds to return to your own country, you are entitled to claim the necessary sum from the INPS. Once you have ceased work in Italy and have left Italian territory, you can also claim repayment of the contributions paid for you into compulsory insurance schemes, plus 5 % per annum, if the matter is not covered by international agreements.
9. Family benefits

Family benefit is paid to employed persons, pensioners and persons receiving social-security payments deriving from paid employment.

Its level varies according to the number of family members and the household income, at least 70% of which must be derived from paid employment.

The household consists of the applicant for benefit, his or her spouse, if not legally and actually separated, and their children and persons of equivalent status who are under 18 years old, or of any age if they are disabled.

The basic level of family benefit ranges from EUR 10.33 (ITL 20 000) to EUR 227.24 (ITL 440 000) per month, free of contributions and tax.

Since 1 July 1994, the monthly benefit has been increased by EUR 10.33 (ITL 20 000) for every child in the household, other than the first.

Since 1 July 1995, a further increase of EUR 43.38 (ITL 84 000) has been awarded for every child other than the first two. Since 1 January 1996, the level of family benefit has been increased for households with children who are minors and further increased for single-parent households. The benefit and increases in its level have also been made available to households of at least three members whose income lies in the two brackets above those for which benefit was previously provided. The EUR 43.38 (ITL 84 000) increase was confirmed as from the same date.

Since 1 January 1997, the benefit has been further increased for households with children who are minors and for households including children, brothers, sisters, nephews, nieces or grandchildren who are disabled and the range of beneficiaries has been widened.

The income to be taken into account is that received in the calendar year to 1 June each year, and it applies until 30 June of the following year.

To allow family income to be determined, all income of whatever nature received by the members of the household must be reported, including deductible expenses and tax allowances and separately taxed and tax-free income, if over EUR 1 032.91 (ITL 2 million). However, certain types of income are excluded.

As from 1 July of each year, the income levels are indexed according to the percentage change in consumer prices between the year whose income is the basis for granting the benefit and the previous year. This change is calculated by the ISTAT.

The previous rules for family benefit remain in force for smallholders, sharefarmers and certain categories of self-employed persons, and the arrangements for pensions increases still apply to pensioners in the special schemes for the self-employed.

- Formalities

To obtain the above benefits, you must apply to your local INPS agency. If you have also worked in other Member States, you should mention this in your application: your pension will then be calculated according to the Community rules.

10. Further information

For further details, you may apply to the INPS office for the area in which you live and to the other authorities which manage the compulsory social-security and assistance schemes (see Section 2). Their addresses can be found in the Rome telephone directories.

The central offices (Presidenza and Direzione Generale) of the Istituto Nazionale della Previdenza Sociale, INPS, are at: Via Ciro il Grande 21, 00144 Roma.

Information on international relations and agreements can be obtained from the following address: INPS, D.C. Prestazioni, Area Internazionale, Via della Frezza 17, 00186 Roma.
1. Introduction

The following benefits are provided by the Luxembourg social-security system:
— sickness and maternity benefits (Section 2);
— nursing care benefits (Section 3);
— benefits for accidents at work and occupational diseases (Section 4);
— invalidity, old-age and survivors’ benefits (Sections 5, 6 and 7);
— unemployment benefits (Section 8);
— family benefits (Section 9).

Information on the different institutions responsible for providing benefits is given in each of the sections below (see also the list at the end of this chapter).

Registration

If you work for an employer, they must take care of the formalities necessary to register you for social security as soon as you are employed in Luxembourg. You will not need to take any steps in this matter. If you are self-employed, you yourself must register with the Joint Social Security Centre (Centre commun de sécurité sociale).

Contributions

You have to pay contributions for sickness and maternity insurance, nursing care insurance and pension insurance (old-age, invalidity and survivors’ insurance). The amount of the contributions is determined as a certain percentage of your earnings. Half of the contribution has to be paid by you, while your employer pays the other half. In order to determine your contribution for nursing care insurance, your income from property will also be taken into account. You must pay the entire contribution yourself.

Your employer is responsible for the actual payment of contributions. He will deduct your share of the contributions from your wage or salary. If you are self-employed, you yourself are responsible for paying all contributions.

You do not have to pay contributions for insurance for accidents, family benefits or unemployment benefits.

Appeals

You may challenge any decision of the competent institution by notifying its governing body within 40 days following notification of the decision. If you then still do not agree with the final decision, you may appeal to the Conseil arbitral des assurances sociales (social insurance arbitration board) within 40 days. You may appeal against a decision of the Conseil arbitral to the Conseil supérieur des assurances sociales (higher social insurance board) within the same period after being notified of the decision of the Conseil arbitral.

In the case of unemployment benefits, however, the appeal must be sent by registered letter within 40 days of your being notified of the decision to a special commission set up by the Ministry of Labour. Appeals against the decisions of this commission may, subject to the same deadline, be lodged with the Conseil arbitral, and further appeals may be filed with the Conseil supérieur des assurances sociales.

2. Sickness and maternity

You will have sickness/maternity insurance cover if you are in paid employment or self-employed or are:
— an apprentice;
— receiving cash benefits under a sickness, maternity or accident insurance scheme;
— unemployed and receiving unemployment benefit;
— receiving an old-age, invalidity or survivor’s pension;
— receiving a pension relating to an occupational accident or disease and your working capacity is reduced by at least 50 %;
— receiving a survivor’s pension under an occupational insurance scheme;
— a young person doing voluntary work;
— a member of the family of an insured person resident in Luxembourg.

The sickness and maternity insurance scheme provides:
— benefits in kind for sickness;
— cash sickness benefits;
— maternity benefits;
— a funeral grant.

Qualifying conditions

There is no qualifying period for sickness benefits.

To qualify for cash maternity benefits, however, the woman concerned should have been insured for at least six months during the year before maternity leave. To meet this condition, any
insurance periods completed in another Member State are, if necessary, taken into account.

A. BENEFITS IN KIND

The benefits in kind which you may claim are as follows:

— medical and dental treatment;
— paramedical treatment (nursing, physiotherapy, etc.);
— laboratory analyses and investigations;
— dental, orthopaedic and other prostheses;
— medicines;
— visual aids (spectacles, contact lenses, etc.);
— bandages, accessories and various appliances;
— stays in hospital;
— therapeutic and convalescent cures;
— general and occupational rehabilitation;
— travel and transport expenses.

These benefits and services are provided for an unlimited period from the onset of illness, for as long as you are insured. When your insurance ends, you are still entitled to benefits during the current month and the following three months (six months for illnesses which were already being treated).

As a rule, the benefits are reimbursed in full on the basis of a tariff agreed between the Union of Sickness Funds and the providers of care (doctors, nurses, hospitals, etc.). In some cases, however, the insured person has to contribute to the cost of treatment. Thus, you have to pay 20% of the fee for the first visit of a doctor to your home within each period of 28 days. For subsequent home visits and for consultations you have to pay 5% of the tariff.

You will be reimbursed to the amount of 78% of the cost of medicines, except for medicines used in the case of protracted illness and those provided as part of treatment in hospital, which will be reimbursed in full. Certain non-essential pharmaceutical products (known as médicaments de confort) are reimbursed at a rate of 40%. When in hospital you have to pay a flat-rate daily contribution towards the cost of hospitalisation. This contribution is not required in the event of a child aged less than 18 months being hospitalised.

It should be noted that costs relating to benefits which are not regarded as necessary are not refunded. For example, fees for only two consultations or home visits per seven-day period can be refunded by the sickness funds, unless more are authorised by the fund. For first-class treatment in hospital and for consultations by appointment, you will have to pay the extra expenses yourself.

— Formalities

To obtain medical treatment, you are free to choose any provider of care (doctor, hospital, etc.).

You should show your insurance identity card at all medical consultations and visits. This card is issued to you after you have been registered for insurance.

Prior authorisation by the sickness fund is required for some services, which is often granted if the Social Security Medical Inspectorate (Contrôle médical de la sécurité sociale) approves. Please contact your fund for further details.

— Payment of benefits

In general, you should pay all bills for treatment provided and then apply to your sickness fund for a refund, from which the amount you have to pay yourself will be deducted.

However, the costs of hospitalisation, surgery, medicines and laboratory analyses and investigations are settled directly between the sickness funds and the practitioners or establishments which provided the relevant services. In these cases, you need to pay only the amount which is not for the account of the sickness fund.

B. CASH SICKNESS BENEFIT

Cash sickness benefit (indemnité pécuniaire de maladie) is awarded for up to 52 weeks from the first day of illness. It corresponds to the earnings you would have received if you had been able to continue working. The benefit is not paid as long as your employer continues to pay you your wage or salary.

— Payment of benefits

As a rule, cash sickness benefit is paid monthly through your employer in the month when your illness occurs and the following three months, after which the benefits will be transferred directly by the sickness insurance fund. If you are self-employed, you will only receive cash sickness benefit as from the first day of the fourth month following that in which you became unable to work.

— Formalities

To obtain cash sickness benefit, you must submit a medical certificate drawn up by your doctor within three days of the beginning of your incapacity for work owing to illness. If you are incapable of working for only one day, no medical certificate is required, provided that you report ill on that day.

One section of the medical certificate must be submitted to the sickness fund and the other to
your employer. If you submit the certificate late, you are awarded sickness benefit only from the
day on which incapacity was notified.

You have to undergo the medical checks to which
you will be invited by the sickness fund’s doctor. If
you do not present yourself for these examina-
tions, payment of benefit will be stopped.

C. MATERNITY BENEFITS

To compensate for expenses incurred in connec-
tion with childbirth, a lump sum is awarded for
confinement (forfait d’accouchement). This sum
covers assistance by the doctor and midwife, stay
in a hospital, medicines, and dietary products for
infants.

A cash maternity allowance is awarded to
employed and self-employed women for 16
weeks, from eight weeks before to eight weeks
after confinement. The allowance is also paid if a
woman who is pregnant or has given birth has
been released from work because the post she
occupies constitutes a risk to her health. The value
of the allowance corresponds to the earnings the
woman would have received if she had been able
to continue working. The cash maternity allow-
ance is not paid as long as the employer continues
to pay the woman’s wage or salary.

• Formalities

In order to obtain the lump-sum confinement
allowance, the birth certificate of the newborn
child must be submitted.

In order to obtain the cash maternity allowance
during the eight weeks before confinement, you
should submit to your sickness fund a medical
certificate stating the expected date of confine-
ment.

D. FUNERAL GRANT

When an insured person or a member of their
family dies, the competent sickness insurance
institution pays to the person paying the funeral
expenses a lump-sum funeral grant upon submis-
sion of invoices and the deceased person’s death
certificate. The grant is reduced by half in the
year of the death of child aged less than six years,
and by four fifths in the event of the death of a
newborn infant.

• Benefits provided in another Member
State

If you are insured in Luxembourg, you and the
members of your family are in principle entitled to
health-care benefits in the other Member States
when you are staying there. Cash benefits can also
be paid to you in another Member State.

• Competent institutions

Sickness and maternity insurance is administered
by the following institutions:

— Union des caisses de maladie, UCM (Health
Insurance Union);

— Caisse de maladie des ouvriers, CMO (sick-
ness fund for manual workers) with local
branches in all main towns in the country;

— Caisse de maladie des employés privés,
CMEP (sickness fund for employees in the
private sector);

— Caisse de maladie des fonctionnaires et
employés publics, CMFEP (sickness fund for
civil servants and public-sector employees);

— Caisse de maladie des fonctionnaires et
employés communaux, CMFEC (sickness
fund for civil servants and local authority
employees);

— Caisses de maladie de l’ARBED (sickness
funds for manual and non-manual workers
employed by the public limited company
ARBED);

— Entraide médicale des chemins de fer lux-
embourgeois, EMCF (sickness fund for rail-
way employees in Luxembourg);

— Caisse de maladie des professions indépen-
dantes, CMPI (sickness fund for the indepen-
dent professions);

— Caisse de maladie agricole, CMA (agricultur-
al sickness fund).

The members of an insured person’s family receive
benefits from his/her sickness fund.

The Union des caisses de maladie is the compe-
tent institution for all matters of a more general
nature.

The sickness funds are responsible for:

— reimbursement of health-care costs paid in
advance by insured persons;

— provision of the lump-sum confinement
allowance;

— payment of the cash sickness and maternity
benefit and the funeral grant.

3. Nursing care

If you are a member of a Luxembourg sickness
insurance fund, you automatically have nursing
care insurance cover.

• Conditions of eligibility

You are considered to be in need of nursing care if
you regularly require assistance from a another
person in order to carry out basic day-to-day tasks
owing to illness or a physical, psychological or
mental disability.
Basic day-to-day tasks are:
— personal hygiene: washing, brushing one’s teeth, skin care, visits to the toilet;
— nutrition: preparing meals with a diet to suit their needs, eating, drinking;
— mobility: getting up, going to bed, changing position, getting dressed and undressed, moving around, going up and down stairs, going out and coming home.

Assistance with basic day-to-day tasks must be provided for at least three and a half hours a week, and the need for nursing care must be likely to last at least six months or be irreversible.

**Nursing care benefits**

**Benefits in kind**

A professional from a care and assistance network comes to you at home to help you with basic day-to-day tasks and housework, and to provide support and advice.

You are also entitled to benefits in kind if you live in an establishment providing care and assistance (nursing home etc.).

**Cash benefits**

If you still live at home and are cared for by a friend or relative, the benefits in kind (organised care) may be replaced by cash benefits. You must then give the money you receive to the person who is taking care of you. If this person is aged under 65, they may be eligible for pension insurance cover, for which the contribution is paid by the nursing care insurance institution. You should therefore notify the Centre commun de la sécurité sociale that this person is caring for you.

You are not entitled to cash benefits if you live in an establishment providing care and assistance.

**Other benefits**

Lump sum for care products, appliances, alterations in the home.

**Formalities**

In order to receive nursing care insurance, you must complete an application form to which a blank medical report is attached, which must be filled in by the doctor who is treating you. This form and the medical report should be sent to the Cellule d’évaluation et d’orientation (assessment and guidance unit). If your dossier is complete, you will be informed of the date as of which your need for nursing care will be evaluated. This evaluation comprises:
— a medical assessment by the doctor within the unit; and
— an evaluation, by another member of the unit, of the degree of dependency.

On the basis of this evaluation, the unit will set out your care needs on a standard form which is the basis for the nursing care provision plan for the use of professionals in a network chosen by you or the establishment providing care and assistance in which you live. This plan and the standard form are sent in the form of an opinion to the Union des caisses de maladie, which will notify you of the decision taken.

**Payment of benefits**

The cost of benefits in kind is assumed directly by the nursing care insurance institution. If you live in a home, you only have to pay the accommodation costs. Cash benefits and the lump sum for care products will be transferred to your account.

**Competent institutions**

Nursing care insurance provision is administered by the Union des caisses de maladie, which is responsible for taking any decisions relating to nursing care insurance on the basis of the opinion from the Cellule d’évaluation et d’orientation.

The Cellule d’évaluation et d’orientation determines the degree of dependence and the care and assistance which you require. It is made up of a team with members from various professions: doctors, nurses, psychologists, occupational therapists, physiotherapists, social workers.

**4. Accidents at work and occupational diseases**

All persons who are in gainful employment or self-employed, as well as apprentices, are covered by insurance against accidents at work and occupational diseases. The insurance covers accidents sustained while at work, accidents sustained while travelling to or from work, and occupational diseases.

An accident at work is an accident which arises out of or in the course of work. An accident while travelling is an accident which occurs on the usual way taken to or from the workplace. A person insured under Luxembourg legislation who is injured in an accident outside the country while travelling to or from work is treated as if the accident had occurred in Luxembourg.

There is a list of officially recognised occupational diseases. Nevertheless, compensation may also be paid for illnesses not on the list if it can be proved that they were caused by your work.

The following benefits are provided:
— benefits in kind for an accident or occupational disease;
— cash benefits for incapacity for work (cash allowance and pension);
— survivors’ benefits if the person concerned died as a result of an accident or occupational disease (funeral grant and pension).

**Benefits in kind**

Benefits in kind include medical treatment, medicines, the cost of hospitalisation and the provision of all aids and appliances required to ensure that the treatment remains effective. These benefits are provided in accordance with the same rules as those applying to sickness benefits in kind (see Section 2.A). However, there is no time limit on these benefits and you do not need to contribute to their cost.

**Cash benefits**

As long as your incapacity for work resulting from an occupational accident or disease does not exceed 13 consecutive weeks, you are entitled to a cash allowance (indemnité pécuniaire) equivalent to what you would have earned if you had been able to continue working.

If your incapacity for work exceeds 13 weeks, you will be given a pension. This is calculated on the basis of your taxable earnings over the 12 calendar months prior to the accident. If you were employed in agriculture, your pension will be calculated on the basis of a standard income laid down by law.

In the event of total incapacity, the pension amounts to 85.6 % of your annual earnings (full pension). For partial incapacity the pension is a fraction of the full pension, depending on the degree of incapacity.

If your pension is provided for incapacity of at least 50 %, the pension rate is increased by 10 % for each dependent child under 18. This supplement is provided up to the age of 27 if the child is still studying. There is no age limit if, as a result of physical or mental disability, the child is unable to earn a living. Those of your children who are residing in another Member State are taken into account for the award of the supplement. However, the pension plus supplement may not exceed your previous earnings.

**Survivors’ benefits**

These benefits consist of:

— a grant covering funeral expenses;
— a pension for the surviving spouse;
— a pension for the children of the deceased.

Under certain circumstances, a pension is granted to a divorced spouse, relatives in the ascending line, grandchildren or other relatives.

The funeral grant amounts to 1/15 of the deceased person’s annual earnings.

The surviving spouse’s pension is equal to 42.8 % of these annual earnings (53.5 % if the surviving spouse suffers from incapacity for work of at least 50 %).

The orphan’s pension rate is 21.4 % of these annual earnings. It is awarded up to the age of 18 (27 for children still studying and without age limit if handicapped). The pension awarded to other close relatives may not exceed 32.1 % of the deceased person’s previous earnings.

The total amount of survivors’ pensions may not exceed 85.6 % of the deceased’s previous earnings.

Pensions are automatically adjusted to changes in the cost of living and are periodically adjusted in line with the level of earnings.

**Final lump-sum settlement**

After three years, pensions for incapacity of less than 10 % are automatically replaced by a lump sum (this lump-sum settlement being known as a rachat), the amount of which depends on your age. Under certain conditions you may request such a settlement if your incapacity ranges between 10 and 40 %. You may be awarded a loan on mortgage if your incapacity is over 40 %.

If the surviving spouse remarries, there will be an automatic final lump-sum settlement (on the rachat principle) instead of a monthly payment.

**Formalities**

Following an accident at work, you should inform your employer without delay. You should also notify your sickness fund of your incapacity for work, within the same period of time as is required in the case of incapacity for work owing to illness (see Section 2.B).

**Payment of benefits**

The cost of medical treatment, medicines, hospitalisation, etc. is paid directly to the care providers by the Accident Insurance Association (Association d’assurance contre les accidents).

Cash allowances are paid in the same way as for sickness insurance (see Section 2.B), unless they are reimbursed to the employer by the sickness insurance fund in the case of persons unable to work who are continuing to receive their salary.

Pensions are paid monthly, in advance.

If you have sustained an accident at work in Luxembourg and you stay in or return or move to another Member State, you may continue to receive benefits in kind there. To this end, you must ask the Accident Insurance Association for
form E 123 before leaving. Cash allowances and pensions will be paid to you directly in the other Member State.

Competent institutions

The competent institution is the Association d'assurance contre les accidents, which is divided into two sections. The industrial section is responsible for all insured persons other than those working in agriculture or forestry, who are covered by the association’s other section.

5. Invalidity

You will have invalidity insurance cover if you are in paid employment or self-employed or are:
   — an apprentice;
   — receiving cash benefits under a sickness, maternity, occupational accident or disease insurance scheme;
   — unemployed and receiving unemployment benefit;
   — receiving a survivor’s pension under an accident insurance scheme;
   — a young person doing voluntary work;
   — taking parental leave.

Benefits are granted in the form of pensions.

Qualifying conditions

In order to qualify for an invalidity pension, you must:
   — have completed 12 months of insurance over a three-year period before the onset of invalidity;
   — be recognised as being disabled, which means that you must be incapable of working in the occupation you last pursued or another occupation commensurate with your physical capacity or skills.

Periods of insurance completed in other EU Member States are taken into account.

If your invalidity is due to an accident, whether occupational or not, or to an occupational disease which you contracted while insured, you are entitled to an invalidity pension even if you have not completed the 12-month insurance period normally required.

Amount of pension

The invalidity pension consists of a flat-rate amount, 1/40 of which is acquired for each insurance year with a maximum of 40 years, and a proportional supplement amounting to 1.78 % of earned income declared during the whole of the insured person’s working life in Luxembourg.

In addition, a special flat-rate payment is awarded at the rate of 1/40 for each year left between the beginning of entitlement to pension and the age of 65, while a special pro-rata supplement is paid for the years between the beginning of entitlement to pension and the age of 55. The special pro-rata supplement amounts to 1.78 % of the average earned income received before the onset of invalidity.

If your pension is less than the minimum rate laid down by law, you will be paid a supplement of 1/40 of this minimum pension for each year completed, provided that you have completed at least 20 years of insurance.

Formalities

To obtain a pension you should submit a claim to the competent institution, using the special claim form of that institution. The supporting documents to be enclosed are listed on the claim form.

If you reside in another Member State, you should submit your claim to the pension insurance institution of that country.

Pensions are paid monthly and in advance. If you reside in another Member State, the pension is paid directly to you in that country.

Competent institutions

Manual workers are insured with the Old Age and Invalidity Insurance Institution (Établissement d’assurance contre la vieillesse et l’invalidité).

Non-manual workers and members of the independent professions (doctors, architects, lawyers, notaries, journalists, accountants, etc.) are insured with the Caisse de pension des employés privés (pension fund for non-manual workers in the private sector).

The self-employed are insured with the pension fund for craftsmen, tradesmen, and industrialists, farmers with the agricultural pension fund.

6. Old age

You will have cover for old-age if you are in paid employment or self-employed or are:
   — an apprentice;
   — receiving cash benefits under a sickness, maternity, occupational accident or disease insurance scheme;
   — unemployed and receiving unemployment benefit;
   — receiving a survivor’s pension under an accident insurance scheme;
   — a young person doing voluntary work;
   — taking parental leave.
● **Qualifying conditions**
In order to qualify for an old-age pension, you must:
— have been insured for at least 120 months;
— have reached the age of 65.

Under special conditions concerning the length of insurance, the old-age pension may be awarded early, from the age of 57 or 60.

Periods of insurance completed in other EU Member States are taken into account.

● **Amount of pension**
The old-age pension consists of a flat-rate amount, 1/40 of which is acquired per insurance year with a maximum of 40 years, and a pro-rata supplement amounting to 1.78% of earned income declared throughout the insured person's working life in Luxembourg.

If your pension is less than the minimum rate laid down by law, you will be paid a supplement of 1/40 of this minimum pension for each year completed, provided that you have completed at least 20 years of insurance.

● **Formalities**
The same formalities apply as those set out in Section 5.

● **Competent institutions**
The competent institutions are the same as those set out in Section 5.

7. **Survivors’ pensions**
You are covered if you are a survivor (widow, widower, orphan, divorced spouse) of a person covered by an old-age and invalidity insurance scheme. Benefits will be paid to you in the form of a survivor’s pension.

● **Qualifying conditions**
For a survivors’ pension to be awarded, the deceased person must have been insured for at least 12 months over a three-year period before his death. This qualifying period is not required if death occurred as a result of any kind of accident, or a recognised occupational disease. Periods of insurance completed in other Member States are taken into account.

No survivors’ pension is due for a surviving spouse who married an insured person less than one year before their retirement or death or who married an old-age or invalidity pensioner. The pension is nevertheless due in these cases under special conditions (for example, when the death was due to an accident or where the marriage produced a child).

● **Amount of pension**
A distinction must be made between the pension for the surviving spouse and pensions for orphans.

The pension for the surviving spouse consists of the full amount of the flat-rate pension amount and special flat-rate payment to which the insured person was or could have been entitled, plus three quarters of the proportional pension supplements and special proportional supplements to which the insured person was or could have been entitled. If the surviving spouse remarries, the pension is terminated by a final lump-sum settlement.

An orphan’s pension consists of one third of the flat-rate pension amount and special flat-rate payment to which the insured person was or could have been entitled, as well as one quarter of the proportional pension supplements and special proportional supplements to which the insured person was or could have been entitled. If both parents have died, the orphan’s pension rate is doubled.

The orphan’s pension is awarded up to the age of 18. It continues to be paid up to the age of 27 if the child concerned is still studying. There is no age limit for orphans who are unable to earn a living owing to physical or mental disability.

The total amount of survivors’ pensions may not exceed the amount of pension which the deceased person was receiving or could have been entitled to when he died.

● **Formalities**
The same formalities apply as those set out in Section 5.

● **Competent institutions**
The competent institutions are the same as those set out in Section 5.

8. **Unemployment**
If you work in Luxembourg, you are covered against the risk of unemployment.

In order to qualify for unemployment benefit, you must:
— have lost your job through no fault of your own;
— be fit for work and prepared to accept any employment commensurate with your abilities;
— be aged between 16 and 64;
— not be in receipt of an old-age or invalidity pension, or an accident pension at the full rate;

— be registered with the public employment offices (bureaux de placement publics) as a person looking for work;

— have worked in Luxembourg for at least 26 weeks in the 12 months before becoming unemployed. If this 12-month period comprises periods of incapacity for work, it is extended accordingly. The same applies if it includes periods of military service or periods during which you received unemployment benefit.

If you do not fulfil the condition of having worked for at least 26 weeks and you were previously employed in another Member State, insurance or employment periods completed there can be taken into account. For this purpose, you should submit to the Employment Administration (Administration de l’emploi) form E 301 issued to you by the unemployment insurance institution of the country where you were previously employed. If you do not submit this form, the Employment Administration will request it from the appropriate institution in the other country.

### Amount of benefit

The rate of unemployment benefit is equal to 80% of your previous earnings. It is increased to 85% if you have dependent children. However, unemployment benefit cannot exceed an amount equal to two and a half times the statutory minimum wage. If unemployment lasts for more than 182 calendar days in any 12-month period, benefit cannot exceed an amount equal to twice the statutory minimum wage.

If you carry out occasional work while unemployed, the resulting income is deducted from your unemployment benefit.

You may receive unemployment benefit for a maximum of 365 days over any 24-month period.

### Formalities

Where possible, you must register as a person looking for work on the day on which you become unemployed, either with the Administration de l’emploi or one of its local offices, or at the secretariat of the municipality (commune) where you live. You must submit a claim for unemployment benefit with the same institution within two weeks of becoming unemployed.

Once these formalities have been completed, unemployment benefit will be paid to you from your first day of unemployment.

If you do not register on the first day of unemployment, your entitlement to benefit will start only on the day you register. If you do not submit your claim within two weeks, benefit will be backdated for not more than 14 calendar days from the date of claim.

### Payment of unemployment benefit

Unemployment benefit will be paid to you by postal order at the end of each week of unemployment.

When you receive unemployment benefit in Luxembourg, you will retain your entitlement if you go to one or more other Member States in search of work, provided that before your departure you had been registered as a person looking for work in Luxembourg for at least four weeks. Before your departure, you must go to the Administration de l’emploi to obtain form E 303.

### Competent institution

The institution responsible for investigating claims and providing benefits is the Administration de l’emploi, which has its head office in Luxembourg and branch offices in Esch-sur-Alzette, Diekirch and Wiltz.

### 9. Family benefits

All children who are brought up in Luxembourg and have their legal domicile there qualify for family allowances. If you are gainfully employed in Luxembourg, you are also entitled to family allowances for your children who are brought up in another EU Member State.

As a rule, family allowances are paid for children up to the age of 18. They are paid up to the age of 27 for children who are still studying, while no age limit applies for children with a physical or mental handicap.

There are three types of family allowances:

— standard family allowance;

— supplementary allowance;

— the allowance paid at the beginning of the school year.

The rate of standard family allowance varies according to the number of children in the household. Age supplements are granted for children on reaching the age of six and on reaching the age of 12.

In addition to the standard allowance, a supplementary allowance is paid for each child aged under 18 with a physical or mental disability of at least 50% compared with normal children of the age. There is no age limit if the child is unable to meet its own needs.

The allowance payable at the beginning of the school year (allocation de rentrée scolaire) is paid
each year in August for children from the age of six. Its rate varies according to the child’s age and the number of children in the household.

- **Formalities**
  You should submit a claim to the family benefits fund (Caisse nationale des prestations familiales). Claim forms are available from the fund or from the communal administration. Supporting documents to be enclosed are listed on the claim form.

If your children are not living in Luxembourg, form E 401, giving the composition of the family, should be enclosed with your claim.

- **Payment of family allowances**
  Family allowances (except for the beginning of school year allowance) are paid monthly to the parents if the child is being brought up by both parents living under the same roof. If the parents are separated, the allowances are paid to whichever parent has actual custody of the child.

- **Other benefits**
  **Childbirth allowance**
  On the birth of a child, a childbirth allowance (allocation de naissance) becomes payable. It is paid partly as a prenatal allowance, partly as a birth grant and partly as a postnatal allowance.

  To qualify for the prenatal allowance, the expectant mother must have undergone the medical examinations required by law during pregnancy.

  The qualifying conditions for the birth grant are that the child is born in Luxembourg and that the mother undergoes a postnatal examination within eight weeks of delivery.

  The postnatal allowance is payable only if the child has undergone six medical examinations before the age of two, as prescribed by law.

  **Child-raising allowance**
  A child-raising allowance is granted to persons who:
  - are domiciled in Luxembourg and are actually residing there, or are Community nationals working in Luxembourg or are the family members of such persons;
  - are bringing up in their household one or more children for whom family allowance is paid;
  - are principally occupied bringing up the children in the household without being gainfully employed or self-employed, or who while working do not receive an income which, combined with the spouse’s income, exceeds a fixed limit;
  - reduce their working hours by at least a half in order to bring up one or more children, in which case half the allowance is paid.

  The child-raising allowance is paid monthly from the month following the end of maternity leave or the end of entitlement to maternity allowance. It is granted until the child reaches the age of two. However, it is maintained for any person raising three or more children in the household as long as one of them is under four years of age.

  **Parental leave benefit**
  Any person bringing up in their household one or more children aged under five for whom family allowance is paid may claim parental leave benefit.

  A parent applying for this benefit must give up work completely or reduce their normal monthly working hours by at least a half (part-time parental leave).

  If an applicant is not in paid employment, they must be pursuing a self-employed activity in Luxembourg when the child is born or adopted. If they are in paid employment, they must have been employed with the same firm in Luxembourg for at least a year prior to the commencement of parental leave (to be evidenced by an employment contract providing for monthly working hours at least equal to half the normal working hours in the firm concerned).

  Parental leave is six months for each child. In the case of part-time parental leave, this may be extended up to a period of 12 months.

  Every working parent has a personal entitlement to parental leave, but one of the parents must take this leave following on immediately from the mother’s maternity leave. Part-time parental leave, however, may be divided up between both parents in order to ensure that the child is being continuously cared for.

  Parental leave gives entitlement to a lump-sum cash benefit paid in monthly instalments for the entire duration of the leave. This payment is not subject to tax or any social-security contributions other than for health care and nursing care insurance. Pension insurance contributions are paid by the State.

- **Competent institution**
  All family benefits are paid by the national family benefits fund (Caisse nationale des prestations familiales).

10. **Further information**

If you have any doubts concerning your social-security rights or obligations, you should consult
the social-security institution which administers the relevant part of the Luxembourg social-security system. The names of these institutions are listed in each section above; you can find their exact addresses in the telephone directory. See also the website of the Luxembourg social-security system: http://www.secu.lu/homepage.html

- **Useful addresses**

<table>
<thead>
<tr>
<th>Postal address</th>
<th>Address</th>
<th>Tel.</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministère de la sécurité sociale</td>
<td>L-2936 Luxembourg 26, rue Ste Zithe L-2763 Luxembourg</td>
<td>(352) 478-1</td>
<td>(352) 478-6328</td>
</tr>
<tr>
<td>Inspection générale de la sécurité sociale</td>
<td>BP 1308 L-1013 Luxembourg 26, rue Ste Zithe L-2763 Luxembourg</td>
<td>(352) 478-1</td>
<td>(352) 478-6225</td>
</tr>
<tr>
<td>Cellule d’évaluation et d’orientation</td>
<td>L-2974 Luxembourg 125, route d’Esch L-1471 Luxembourg</td>
<td>(352) 478-6060</td>
<td>(352) 478-6061</td>
</tr>
<tr>
<td>Ministère de la famille</td>
<td>L-2919 Luxembourg 12-14, avenue Emile Reuter L-2420 Luxembourg</td>
<td>(352) 478-1</td>
<td>(352) 478-6570</td>
</tr>
<tr>
<td>Ministère du travail et de l’emploi</td>
<td>L-2939 Luxembourg 26, rue Ste Zithe L-2763 Luxembourg</td>
<td>(352) 478-1</td>
<td>(352) 478-6325</td>
</tr>
<tr>
<td>Centre commun de la sécurité sociale</td>
<td>L-2975 Luxembourg 125, route d’Esch L-1471 Luxembourg</td>
<td>(352) 401 41-1</td>
<td>(352) 40 44 81</td>
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<tr>
<td>Union des caisses de maladie</td>
<td>BP 1023 L-1010 Luxembourg 125, route d’Esch L-1471 Luxembourg</td>
<td>(352) 49 83 31-1</td>
<td>(352) 49 83 32</td>
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<td>Contrôle médical de la sécurité sociale</td>
<td>BP 1342 L-1013 Luxembourg 125, route d’Esch L-1471 Luxembourg</td>
<td>(352) 401 41-2060</td>
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<td>Conseil arbitral des assurances sociales</td>
<td>16, bd de la Foire L-1528 Luxembourg</td>
<td>(352) 45 32 86</td>
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<tr>
<td>Conseil supérieur des assurances sociales</td>
<td>2-4, rue Beck L-1222 Luxembourg</td>
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<td>Caisse de maladie des ouvriers</td>
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<td>Postal address</td>
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<td>Caisses de maladie de l’Arbed</td>
<td>L-4006 Esch/Alzette</td>
<td>(352) 53 13-3700</td>
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<td>Caisse de maladie des fonctionnaires et employés publics</td>
<td>L-2091 Luxembourg</td>
<td>32, avenue Marie-Thérèse</td>
<td>(352) 45 16 81</td>
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<td>Caisse de maladie des employés privés</td>
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<td>125, route d’Esch</td>
<td>(352) 401 13-1</td>
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<tr>
<td>Caisse de maladie des fonctionnaires et employés communaux</td>
<td>BP 328 L-2013 Luxembourg</td>
<td>20, avenue Emile Reuter</td>
<td>(352) 45 05 15</td>
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<td>Entraide médicale des chemins de fer luxembourgeois</td>
<td>BP 1803 L-1018 Luxembourg</td>
<td>15, place de la Gare</td>
<td>(352) 49 90-3305</td>
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<tr>
<td>Caisses sociales des classes moyennes</td>
<td>39, rue Glesener</td>
<td>(352) 40 52 02-1</td>
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<td>Caisses de sécurité sociale de la profession agricole</td>
<td>L-2969 Luxembourg</td>
<td>2, rue du Fort Wallis</td>
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<td>Établissement d’assurance contre la vieillesse et l’invalidité</td>
<td>L-2977 Luxembourg</td>
<td>125, route d’Esch</td>
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<td>Caisse de pension des employés privés</td>
<td>L-2096 Luxembourg</td>
<td>1a, bd Prince Henri</td>
<td>(352) 22 41 41-1</td>
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<td>Association d’assurance contre les accidents — section industrielle</td>
<td>L-2976 Luxembourg</td>
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<td>(352) 26 19 14-1</td>
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<td>— section agricole et forestière</td>
<td>L-2970 Luxembourg</td>
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<td>(352) 26 19 14-1</td>
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<tr>
<td>Caisse nationale des prestations familiales</td>
<td>BP 394 L-2013 Luxembourg</td>
<td>1a, bd Prince Henri</td>
<td>(352) 47 71 53-1</td>
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<tr>
<td>Administration de l’emploi</td>
<td>BP 2208 L-1022 Luxembourg</td>
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<td>(352) 478-5300</td>
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1. Introduction

The Dutch social-security system comprises schemes covering the following aspects:
— sickness and maternity (Section 2 below);
— invalidity (Section 4);
— old age (Section 5);
— survivors’ benefits (Section 6);
— unemployment (Section 8);
— child benefit (Section 9).

There is no special insurance scheme for accidents at work and occupational diseases (Section 3) but there are a considerable number of supplementary pension schemes (Section 7).

Who is insured?

As a rule, all employed and self-employed persons are insured.

Self-employed persons, however:
— are not insured against unemployment;
— do not receive cash benefits under a health-insurance scheme;
— are covered by health insurance if they are not yet 65, are insured under the Invalidity Insurance (Self-Employed) Act (WAZ) and their taxable income does not exceed a certain amount (as of 1 January 2000: EUR 19 058.77 (NLG 42 000)).

What must you do to become eligible for social-security benefits?

As soon as you start working in the Netherlands as an employed person, you are automatically covered by all the insurance schemes listed above.

There is only one exception: in the case of health insurance, you are free to register with a sickness fund of your own choice in your place of residence. On registering with a sickness fund, you will be provided with a list of addresses of doctors, dentists and dispensing chemists from which you may choose. You will then receive a certificate of registration from the sickness fund, which you should keep carefully.

If you are self-employed and have a company in the Netherlands or pursue your professional occupation there, you are covered by most of the national insurance schemes as of right. You are not covered, however, by the unemployment insurance scheme. As regards health insurance, if you are not insured as a self-employed person under the Health Insurance Act (Ziekenfondswet) your coverage is limited to benefits provided under the AWBZ (Exceptional Medical Expenses Act) (see Section 2 below).

Further steps to be taken

As soon as you take up employment, find out from your employer which benefits agency (uitvoeringsinstelling) he is registered with. You will have to deal with this agency if you become incapable of working or unemployed. If you are self-employed, you will also have to deal with a benefits agency should you become incapable of working.

Another organisation which may be important for you is the Social Insurance Bank (Sociale Verzekeringenbank), to which you will have to apply in order to obtain child benefit or, on reaching the age of 65, an old-age pension. (If, on reaching pensionable age, you are resident outside the Netherlands, your old-age pension will be handled by the office under which your country of residence comes). In the event of your death, your surviving partner and/or children will also have to deal with the Social Insurance Bank.

Please note the address of your local jobcentre. You should apply to them if you become unemployed; it will help you to find work.

Contributions

If you are in employment, your employer pays the contribution due under the various laws on social security. The part of the contribution to be paid by you will be deducted from your salary. If you receive social-security benefits, the insurance institution may in some cases deduct insurance contributions from these benefits.

If you are self-employed, you will receive a form stating the amount of contribution to be paid by you. Except for sickness fund insurance, all sums are collected by the tax authorities.

For sickness fund insurance, the flat-rate contribution is paid directly to the sickness fund with which you are registered.

Your employer or the benefits agency concerned can give you further information about how much you have to pay.

What to do if you do not agree with a decision by an insurance institution

If you do not agree with a decision by the insurance institution, you are entitled to appeal against it. You do this by lodging a complaint within a certain period with the institution concerned. The latter must then reconsider its
decision and decide whether the complaint is justified or not. You may (again, within a certain period) lodge an appeal against the decision concerning your complaint with the administrative law section of the court mentioned in the text of the institution’s decision. The date by which an appeal can be lodged is also mentioned in the decision.

You should submit a notice of appeal to the county court in which you state that you do not agree with the decision taken by the insurance institution and request that it be reviewed. The notice should be accompanied by a copy of the contested decision.

If the country court’s ruling does not satisfy you, you can usually appeal to the central appeal board (Centrale Raad van Beroep, Vrouwe Justitiaplein 1, Postbus 16002, 3500 DA Utrecht) within six weeks of the date on which the ruling is made known.

- **You are returning permanently to your own country or wish to go to another Member State**

The insurance period which you completed in the Netherlands may affect the assessment of your entitlements under the social-security arrangements of the country you are going to. Before you depart, you should therefore ask your benefits agency and your sickness fund for any documents or records you may need.

- **Entitlement to benefits in other EU Member States**

A worker resident in the Netherlands who:

- has family members living in another Member State; or
- is temporarily staying in another Member State; or
- transfers his place of residence to another Member State; or
- is unemployed and goes to look for work in another Member State

may benefit from certain Community rules concerning sickness and maternity insurance.

- **Further information**

For more information, you may consult the various insurance institutions.

In Sections 2 to 9 below, the various kinds of insurance schemes which exist in the Netherlands are dealt with. All benefits in cash or in kind are discussed and it is explained how they can be obtained.

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**2. Sickness and maternity**

**A. BENEFITS IN KIND**

Medical services are covered by two different insurance schemes which complement each other: health insurance (ziekenfondsverzekering) and insurance under the AWBZ (Exceptional Medical Expenses Act).

- **Who is insured?**

In principle, you are covered by health insurance if you are employed and your pay does not exceed a certain fixed amount for the year in question or if you are self-employed, are insured under the WAZ (Invalidity Insurance (Self-Employed) Act) and your taxable income does not exceed a certain amount (as of 1 January 2000: EUR 19 058.77 (NLG 42 000)). You can also be covered by health insurance if you live in the Netherlands and are receiving a long-term social insurance benefit. Subject to certain conditions, the members of your family are also insured. As a rule, you will continue to be covered by health insurance after the age of 65, provided you were already insured at the time of reaching that age.

Once you have registered with a sickness fund, you are entitled to medical care. Your sickness fund will provide you with a certificate of registration so that you can prove you are an insured person when requesting medical care.

Everyone living or working in the Netherlands is insured under the AWBZ. An insured person is entitled to medical care once he has registered with an AWBZ implementing body. Once you have registered with a sickness fund, you are also automatically registered under the AWBZ.

- **Benefits to which you are entitled**

The sickness fund with which you have registered can give you precise information concerning the entire range of benefits in kind to which you are entitled under the Health Insurance Act (Ziekenfondswet) and the AWBZ.

- **Persons insured under the Health Insurance Act are entitled, inter alia, to:**

**Specialist medical care**

This benefit in kind comprises:

- specialist medical care given by or on behalf of a hospital, whether or not combined with a stay as an in-patient in a hospital in the lowest accommodation category, nursing care, auxiliary care, paramedical assistance or medication. This type of care includes certain forms of transplantation and includes the cost of obtaining the most suitable transplant material;
— specialist medical care given without using any hospital facilities.

**Obstetric assistance**

Obstetric assistance is normally given by a midwife. It can also be provided by a general practitioner or a specialist, in a clinic or hospital when necessary, but only if no midwife is available or if there is a medical need.

**Medication**

Medication comprises drugs and foodstuffs for medical use as well as bandages and dressings. Generally speaking, there is a limit on the amount reimbursed for the cost of drugs from the relevant group of therapeutically equivalent drugs. If an insured person chooses a drug whose cost exceeds this limit, he must pay the difference himself.

**Transport of sick persons**

The sickness fund pays the cost of transporting sick persons by ambulance, taxi or private car, provided this occurs on medical grounds. The existence of such grounds is certified by the doctor treating the patient. This entitlement also covers the cost of public transport in the most economical class if the journey is to or from a centre providing health care. In certain cases the sickness fund may agree to special forms of transport such as a helicopter.

- Persons insured under the AWBZ are entitled, *inter alia*, to:

  **Admission to, and remaining in, a hospital**

  The cost of care in hospitals other than psychiatric hospitals or the psychiatric department of a general or teaching hospital is borne by the AWBZ implementing body once this care has been provided for more than one year.

  **Admission to, and remaining in, a nursing home or an establishment for physically disabled persons**

  The assistance given includes the stay in the establishment, nursing care, round-the-clock auxiliary care, medical treatment under the supervision of an in-house doctor, rehabilitation, re-education, physiotherapy and occupational therapy. Care for the physically disabled also includes care within the family organised and supervised by the establishment.

  **Day treatment in a care centre**

  Day treatment in a care centre is designed to enable the insured person to remain in his own environment for as long as possible. Day treatment of this kind is suitable for persons with a physical or mental disorder which cannot be treated wholly in the individual's own environment.

**Home care**

Home care covers nursing care, auxiliary care, support and advice at the home of the insured person in connection with illness, convalescence, invalidity, old age, death or a psycho-social problem. It also covers the loan of various aids for up to 26 weeks.

**Psychiatric care in a psychiatric hospital**

This covers examinations, advice and information, treatment, observation and support. It also includes round-the-clock nursing and auxiliary care in a therapeutic environment.

**Care for mother and child**

This entitlement covers support, advice and other forms of care during pregnancy as well as regular, systematic checks on the child’s state of health during his or her first few years of life. It excludes maternity care as referred to in the Benefits in Kind (Health Insurance) Decree (Verstrekkingenbesluit ziekenfondsverzekering).

In principle, the AWBZ covers the cost of treatment, nursing and auxiliary care in the case of long-term illness or serious disability.

**B. SICKNESS BENEFIT FOR EMPLOYED PERSONS**

- Entitlement to sickness benefit while covered by insurance

If you are unable to work as a result of sickness or an accident, you are entitled to sickness benefit under the Sickness Benefits Act (Ziektewet). However, you are not entitled to sickness benefit during periods of incapacity for work in which you, as an employed person, are entitled to continue receiving your wages under the Civil Code (Burgerlijk Wetboek). If you are working under a contract of employment, your employer must, in principle, continue to pay your wages for up to 52 weeks, up to a maximum of EUR 153.07 (NLG 337.33) per day. You are entitled to continue receiving 70% of your pay, as long as this is at least equal to the relevant statutory minimum wage. Depending on what is laid down in the contract of employment or collective agreement, the employer may agree in writing to apply two waiting days.

You are entitled to sickness benefit if your employment relationship ends on the first day of sickness or during the period for which wages must continue to be paid. Sickness benefit is then paid directly as from the date of termination of service, after at least two waiting days have passed.
elapsed. This category includes certain stand-by workers and employees with a fixed-term contract of employment. Others are entitled to sickness benefit from the first day of sickness.

An employed person who is entitled to sickness benefit must, as soon as possible (by the second day of sickness at the latest), report or be reported sick to his employer once he has to stop work or is unable to come to work because of sickness. The employer informs the employee of the rules for reporting sick.

The employed person must allow checks to be carried out. In principle, he must be at home at certain times indicated in the rules governing such checks.

An employed person who claims sickness benefit and thereby makes a benefits agency responsible for checking his incapacity for work must comply with the rules of the LISV (National Institute for Social Insurance).

Payment of sickness benefit ceases in any event on the first day of the month in which you reach the age of 65, at which date you become entitled to an old-age pension.

- **Entitlement to sickness benefit after the end of the insurance period**

In the event of illness reported within one month of the end of the insurance period, you may still be entitled to sickness benefit under certain conditions. This is payable by the benefits agency to which your last employer was affiliated. If you are awarded sickness benefit, you again become entitled to medical care.

- **Entitlement to sickness benefit after you have left the Netherlands**

If, after you have left the Netherlands for good to settle in another EU Member State, you are taken ill within one month of ceasing to be insured under the Dutch Sickness Benefits Act (Ziektekst), you are still entitled to sickness benefit under certain conditions. Sickness benefit may be transferred only to EU/EEA countries, the Netherlands Antilles, Aruba, or a country with which the Netherlands has a social-security agreement.

However, no claims for benefit may be submitted to a Dutch insurance institution if you are entitled to sickness benefit under the legislation of the country where you have gone to settle. If you are taken ill within one month of ceasing to be covered by health insurance in the Netherlands, you should immediately notify your last employer in the Netherlands in writing, and notify the health-insurance institution of your place of residence.

In such a case, it is advisable to state expressly that you are applying for sickness benefit on the basis of the Dutch Sickness Benefits Act. You should therefore mention the benefits agency with which you were insured and ask the health-insurance institution of your place of residence to submit an application for sickness benefit to that agency.

If you are entitled to sickness benefit, the benefits agency is entitled to have you medically examined at regular intervals.

C. **MATERNITY BENEFITS IN CASH AND IN KIND**

- **For women insured in their own right**

If you are employed in the Netherlands and are insured in your own right, you are entitled during pregnancy to prenatal allowance (zwangerschapsuitkering) equal to your full daily wage. During your 16-week maternity leave, you are entitled to receive benefit equal to 100% of your salary from the benefits agency to which your employer is affiliated. For this purpose, you must present beforehand a certificate confirming your pregnancy (zwangerschapsverklaring) to the benefits agency concerned. If, after this benefit has been paid out, you are still incapable of working as a result of your pregnancy or confinement, the same benefit (100% of your daily wage) will continue to be paid out for up to 52 weeks. In addition, if you become sick as a result of your pregnancy before maternity leave begins, the benefits agency pays out sickness benefit equivalent, again, to 100% of your daily wage.

In addition, if you are covered by the Dutch health-insurance scheme (ziekenfondsverzekering), you are entitled to free obstetric services and to maternity care partly paid for by your sickness fund. Your sickness fund will provide you with any additional information you may need. If you wish to make use of the services of a maternity care centre (kraamcentrum) you should contact a medical care association (kruisvereniging) not later than five months before the expected date of delivery.

- **For family members residing in the Netherlands**

If your wife and daughters are also covered by a Dutch health-insurance scheme, they are entitled to free obstetric services and to partial payment of the cost of maternity care. They should contact a medical care association (kruisvereniging) at least five months before the expected date of delivery.
3. Accidents at work and occupational diseases

There is no separate insurance scheme in the Netherlands for accidents at work and occupational diseases. If you are incapable of working as a result of an accident at work or an occupational disease, the rules on sickness apply (see Section 2.B). Thereafter you may be eligible for an invalidity benefit (see Section 4 below).

Self-employed persons living in the Netherlands are insured under the Invalidity Insurance (Self-Employed) Act (Wet Arbeidsongeschiktheidsverzekering Zelfstandigen); under this law, they are entitled to a fixed cash benefit after 52 weeks of loss of income resulting from complete or partial incapacity for work (see Section 4).

You are also entitled to medical care paid for by the sickness fund, provided your earnings do not exceed the upper income ceiling. This applies irrespective of whether you are compulsorily or voluntarily insured (see above, Section 2, health insurance).

4. Invalidity

- Employees residing in the Netherlands

If you have received sickness benefit for 52 weeks, you are entitled under certain conditions to benefits under the Invalidity Insurance Act (Wet op de Arbeidsongeschiktheidsverzekering or WAO). This is the case if, at the end of the 52-week period, your disablement is such that you are still incapable of working. Invalidity benefits are provided by the benefits agency to which your employer is affiliated.

The amount and duration of the benefit provided depends on your age and the degree of your incapacity for work. If you are 33 or older when the WAO benefit is first paid, you will receive an amount based on your last wage or salary for a limited period of time. This period ranges from six months for persons aged between 33 and 37 to six years for persons who are 58 or over. The percentage of your last wage or salary you receive during this period depends on the degree of your incapacity. It ranges from 14 % of the daily wage for 15–25 % incapacity to 70 % of the daily wage for 80–100 % incapacity. The daily wage cannot exceed a fixed maximum. In special cases, if you need continuous treatment and constant attendance, the maximum percentage of 70 % may be increased to 100 %.

If you have also been insured in one or more other Member States, you should immediately inform your benefits agency. You should provide the agency with as much information as possible, including at least the full name and address of the institution with which you were insured. In such cases, the amount of the benefit is calculated in accordance with the Community rules.

If, as an employed person, you receive a WAO benefit for a degree of incapacity of 45 % or more, you will normally be compulsorily covered by a sickness insurance fund. Your benefits agency will provide you with any additional information you may need.

- If you are receiving a WAO benefit in the Netherlands and wish to return to your own country or go to live in another Member State

As long as you fulfill the conditions laid down, you can continue to receive the WAO benefit. In order to avoid problems, it is advisable to notify your benefits agency and your sickness fund in good time before your departure.
If you become disabled when you are no longer insured in the Netherlands

It is possible that in such a case you will still be entitled to a WAO benefit. This depends on the type of invalidity benefit to which you are entitled in the country you are living in. In most cases, the Dutch WAO benefit will be reduced. As a rule, you should apply for an invalidity benefit in the country where you are resident. You should inform the institution to which you are applying that you have also been insured in the Netherlands. In some cases, this institution will seek information in the Netherlands to find out whether you are still entitled to a WAO benefit there, and will let you know accordingly.

Self-employed persons

Self-employed persons are insured against invalidity under the Invalidity Insurance (Self-Employed) Act (Wet arbeidsongeschiktheidsverzekering zelfstandigen, WAZ). Under certain conditions, particularly as regards age and income, a self-employed person can become entitled to WAZ benefits after 52 weeks of complete or partial incapacity for work.

The amount of benefit varies according to the basis of assessment, which is the business income in the financial year preceding the beginning of the incapacity for work, and to the degree of incapacity.

The benefits are paid monthly by the benefits agency that deals with the occupation pursued by the insured person.

For further information, please apply to your benefits agency.

5. Old-age pensions

Persons living or working in the Netherlands are insured under the General Old-Age Pensions Act (Algemene Ouderdomswet, AOW). In general, all men and women are entitled to an old-age pension from the moment they reach the age of 65. The amount of each individual pension is fixed, but it is adapted in line with wage increases twice a year. The pension is paid monthly. A yearly holiday allowance is paid in May.

The fixed pension is reduced by a certain amount for each year during which you were not insured. In general terms, the system is such that you acquire 2% of the full pension for each full year you have lived or worked in the Netherlands.

Under certain conditions, voluntary insurance may be taken out under the AOW when you are abroad. The Social Insurance Bank (Sociale Verzekeringsbank, Kantoor Verzekeringen, Afdeling Vrijwillige Verzekering, Van Heuven Goedhartlaan 1, Postbus 1100, 1180 BH Amstelveen, Tel. (020) 656 56 56) can give you all the necessary information. If you apply for voluntary insurance, your application must be submitted in time, that is, within one year of having gone to live abroad, or within one year of having established yourself in the Netherlands or of having begun to work there. However, if your spouse or partner is living in your country of origin, he or she is not insured.

As soon as you receive an old-age pension and are no longer employed, you will find that in many cases you will still be compulsorily covered by a health-insurance scheme. Your sickness fund will provide you with any information you may need.

How to claim a pension

Some months before reaching the age of 65, you will receive, if you are then living in the Netherlands, a special claim form for an old-age pension that you should send to the Social Insurance Bank (Sociale Verzekeringsbank). If it appears from your claim that you have previously been insured in other Member States, an old-age pension will, where necessary, be applied for on your behalf in those countries. The amount of the foreign pension is calculated in accordance with the Community rules. If you are awarded such a pension, the Social Insurance Bank will inform you accordingly. The amount of the Dutch old-age pension is not affected by the award of a pension from abroad.

The Dutch old-age pension is provided from the first day of the month in which you reach the age of 65. If you submit your claim more than one year after that date, this can be to your financial disadvantage.

Pensions for persons living in another Member State

If you live in another Member State, you retain the right to the old-age pension acquired in the Netherlands. You can apply for this pension through the pension institution of your country of residence. That institution will also inform you as to whether or not you are entitled to medical care in case of illness.

6. Survivors’ benefits

As long as you are living or working in the Netherlands, you are covered by the Dutch survivors’ insurance scheme.

If you no longer live or work in the Netherlands, you can be insured for this on a voluntary basis. You must apply to be voluntarily insured within one year of going to live abroad. Further information can be obtained from the Social Insurance
This insurance, which is regulated by the General Survivors' Benefits Act (Algemene Nabestaanden Wet, ANW), provides for various cash benefits such as allowances for surviving partners, half-orphans (that is, children who have lost one of their parents) and orphans, as well as a care allowance (verzorgingsuitkering).

The surviving partner of a deceased insured person is entitled to a surviving partner's allowance if he or she, at the time of death:

- has an unmarried child aged under 18 or is expecting a child, or
- is incapable of working (not able to earn 55% of a normal wage in suitable employment), or
- was born before 1 January 1950.

A surviving partner's children are taken to include all his or her own children and foster children, that is, another person's children cared for and brought up as their own. The surviving partner's allowance is withdrawn when the surviving partner no longer has an unmarried child or is no longer incapable of working.

In all cases, the entitlement to a pension ceases on the first day of the month when the surviving partner reaches the age of 65. He or she then usually becomes entitled to an old-age pension.

Entitlement to a surviving partner's allowance ends in the event of remarriage, registration of a partnership and cohabitation.

Entitlement to a surviving partner's allowance is only partly curtailed if the entitled person begins to share a household with someone in need of help, with a view to taking care of him or her. The surviving partner is then entitled to an income-related care allowance equal to 50% of the net minimum wage.

The surviving partner's allowance may reach 70% of the minimum wage and depends on the individual's income. A surviving partner with a child aged under 18 can therefore receive benefits of up to 90% of the minimum wage.

Normally, only an orphan who has lost both parents is entitled to an orphan's allowance. In addition, the orphan must be under the age of 16; orphans aged between 16 and 21 who are in full-time education or who look after a household containing at least one other orphan for more than 19 hours a week, as well as orphans aged 16 or 17 who are disabled, have the same entitlement.

The allowances are directly linked to the minimum wage and vary according to the orphan's age. There are three age brackets: children aged under 10, children aged between 10 and 16, and children aged between 16 and 21. The orphan's allowance is not affected by other sources of income.

The allowance is adjusted twice a year in line with wage increases. Payments are made once a month. A holiday allowance is paid in May of each year.

When an insured person dies, the surviving partner resident in the Netherlands must submit an application for a surviving partner's and/or (half-) orphan's allowance as soon as possible to the Social Insurance Bank (Sociale Verzekeringsbank). If you submit an application more than a year after the insured person's death, this can be to your financial disadvantage.

Surviving partners or (half-)orphans living in other Member States may also be paid allowances. Claims may be submitted to the insurance institution of the country where the surviving partner or (half-)orphan is living. This institution will forward the claim to the Social Insurance Bank.

If you receive a surviving partner's allowance, you may also be entitled to child benefit. Further information is obtainable from the Social Insurance Bank.

The amount of the surviving partner's allowance may be affected if a similar allowance is paid by another country. If a surviving partner is entitled to such an allowance from another Member State, the payments are calculated in accordance with the Community rules.

Surviving partners receiving a long-term or temporary surviving partner's allowance are normally insured under the Dutch health-insurance scheme.

- Death of a person who is no longer covered by insurance

Even if a person dies after his or her insurance cover in the Netherlands has ended, entitlement to a Dutch surviving partner's allowance may still exist provided that the pension legislation of another Member State was applicable to the
deceased person at the time of death or that the surviving partner is entitled to a surviving partner’s allowance in another Member State. The amount of the pension depends, among other things, on the length of the insurance periods completed in the Netherlands by the deceased person. Survivors should claim the allowances from the pension institution of their country of residence, which will forward the claim to the Social Insurance Bank (Sociale Verzekeringsbank).

If you submit the claim more than a year after the death of the insured person, this can be to your financial disadvantage. The Social Insurance Bank will investigate whether the conditions for the award of an allowance have been fulfilled and will at the same time establish whether you are entitled to child benefit.

The amount of the surviving partner's allowance may be affected if a similar allowance is paid by another country. If you are entitled to such an allowance from another Member State, the amount paid in the Netherlands will be determined in accordance with the Community rules. The pension institution of the country of residence will provide the surviving partner with any information required concerning entitlement to medical care in case of illness.

○ Death grants

If you die while in employment, your surviving partner will be granted a cash benefit for the rest of the month during which you died and for the following two months. This benefit is equivalent to 100 % of the daily wage on which your sickness benefit was based. If you were receiving invalidity benefit (under the WAO; see Chapter 4 above), a death grant will also be provided. This amounts to 100 % of the daily wage in the case of 80–100 % incapacity and is equal to the amount of the invalidity benefit in the case of a lower degree of incapacity.

7. Supplementary pension schemes for employed persons

If you are working in the Netherlands, you may be covered by a supplementary pension scheme. Please ask your employer whether this is the case and what your rights under such a scheme are.

In many sectors, there is a compulsory occupational pension scheme. Such schemes exist notably for the metal industry, the construction industry, painters, agriculture, the printing industry, catering, road haulage, the merchant navy, sea fishing, the textile industry and the health-care sector. Altogether there are some 60 compulsory occupational pension schemes.

It is also possible that your employer has a supplementary pension scheme covering his staff only, or that he has concluded an agreement with a life assurance company.

There is an insurance authority responsible for the supervision of these supplementary schemes. Its address is: Verzekeringkamer, John F. Kennedylaan 32, Postbus 929, 7301 BD Apeldoorn, Tel. (055) 355 08 88.

The supplementary schemes in question are not subject to the provisions of Regulations (EEC) Nos 1408/71 and 574/72. The following should be noted with regard to the retention of rights acquired under supplementary pension schemes:

— on termination of your affiliation to a supplementary pension scheme by which you were covered for at least one year, you become entitled to an old-age pension to be paid out when you reach pensionable age. If the pension scheme also comprises surviving partners’ pensions, entitlement to a surviving partner’s allowance is acquired as well;

— if you were covered by a supplementary pension scheme for less than one year, there are two possibilities: either you are entitled to a pension as explained above, or the old-age insurance contributions you have paid will be paid back to you. Whichever of these two possibilities applies in your case will depend on the rules of the scheme to which you were affiliated. Please ask your employer for details. On termination of your membership of the scheme, you will receive a statement concerning the rights which you have acquired.

If you leave the Netherlands for good, your pension rights may be replaced by a once-only lump-sum payment. The exact procedure in your case will depend on the rules of the scheme by which you were covered.

All claims for payments from supplementary pension schemes must be submitted to the occupational pension fund in question or to the life assurance company operating the scheme. Any disputes arising from the application of a supplementary pension scheme should be brought before a civil court.

8. Unemployment

If you become unemployed in the Netherlands through no fault of your own, you are entitled to unemployment benefit under the Unemployment Benefits Act (Werkloosheidswet or WW).

In order to qualify, you must have been employed in the Netherlands at least one day a week for at least 26 weeks during a period of 39 weeks before your first day of unemployment. If you do not fulfil
this condition, periods during which you were insured in another Member State may also be taken into account.

The Unemployment Benefits Act provides for three kinds of benefits:

— an earnings-related benefit for a maximum of five years, dependent on employment history; to be eligible for this benefit, you must also have been in paid employment for at least 52 days a year over four years during the five years preceding the year in which you became unemployed;

— a continuation benefit for a maximum of two years (if younger than 57.5 upon becoming employed) or 3.5 years (if 57.5 or older upon becoming unemployed);

— a short-term benefit for six months if you are not entitled to an earnings-related benefit.

If you do not satisfy the conditions for unemployment benefit, or your entitlement to this benefit has expired, you may, in certain circumstances, be eligible for a social assistance benefit paid by the municipality where you live. The amount of this benefit depends on your family circumstances and on your means and those of your partner (where applicable).

**Amount of benefit**

The earnings-related benefit amounts to 70% of the daily wage the worker earned before becoming unemployed. The continuation benefit and the short-term benefit amount to 70% of the statutory minimum wage for an employed person of the same age.

In certain cases, if your benefit is lower than the minimum wage, you are entitled to claim a supplementary payment under the Supplementary Benefits Act (Toeslagenwet).

In order to qualify for unemployment benefit, you should inform the benefits agency to which your employer is affiliated as soon as possible of the fact that you are unemployed. You must submit a claim for benefits to that agency within one week of becoming unemployed, and you must also produce evidence that you have registered with the local jobcentre (arbeidsvoorziening) as a person seeking work. Should you fail to do so, you may be refused benefits.

The benefit will, in any case, be withdrawn on the first day of the month in which you reach the age of 65; as a rule, you are then entitled to an old-age pension.

**Unemployment and illness**

If you are taken ill while receiving unemployment benefit, you should immediately notify the benefits agency from which you receive your benefit. While receiving unemployment benefit you continue, as a rule, to be entitled to medical care under the health-insurance scheme.

**Looking for a new job outside the Netherlands**

If, while in receipt of unemployment benefit in the Netherlands, you wish to look for work in another Member State, the Community rules apply to you.

**9. Family allowances**

If you live or work in the Netherlands, you are normally entitled to child benefit from the first child onwards. The entitlement concerns your own children, your stepchildren and your foster-children, provided that they are aged under 16 and that they are your dependants as defined by Dutch legislation.

For children over 16, there are additional conditions to be satisfied: the person concerned must either be studying or disabled or unemployed or carrying out household duties for his/her parents. As a rule, there are also maintenance requirements; the amount of family allowance may vary in accordance with the level of maintenance given by the parents.

**Date of entitlement**

To be entitled to child benefit, the claimant must be insured on the first day of the quarter in which the claim is submitted. The qualifying conditions for child benefit must also be satisfied by that date.

**Amount of benefit**

The amount paid in child benefit depends on the size of the family and on the ages of the children on the first day of each quarter (the reference date).

**Claims for child benefit**

In order to qualify for child benefit, you should submit a claim form, duly completed and signed, to the office of the Social Insurance Bank (Sociale Verzekeringsbank) responsible for the district where you live. Claim forms are obtainable at any post office or from the Social Insurance Bank.

After the initial application, only those changes which may affect entitlement to child benefit should be communicated to the district office of the Social Insurance Bank. Child benefit is paid out after the end of each quarter.

Where the children are members of the household of a married couple, the claim can be made by either the mother or the father. Where the parents are divorced or separated, the claim must be made
by the parent who cares for and brings up the children.

- **Children staying in another country**

If you have children who stay in another Member State, the Community rules are applicable. For any further information, you can contact the Social Insurance Bank (Sociale Verzekeringsbank).

10. **Further information**

In a special leaflet entitled *Social security in the Netherlands: A short survey*, you can find further details on current contribution rates and on the level of pensions and child benefit. The leaflet is issued at regular intervals and is available free of charge in Dutch, French, German and English.

You can obtain it from the Voorlichtingscentrum Sociale Verzekering (Social Insurance Information Centre), Catharijnesingel 47, Postbus 19260, 3501 DG Utrecht, Tel. (31-30) 230 67 55.
1. Introduction

This part of the guide is intended to inform you of your social-security rights and obligations as an employee or self-employed worker in Austria. You can obtain further information from the social-security institutions (see Section 2) or liaison bodies. The addresses and telephone numbers of the liaison bodies, which are responsible for contacts with other EU Member States in social-security matters, are listed in Section 11.

The following sections contain details of the social-security benefits available:

— sickness and maternity benefits (Section 3);
— benefits in the event of occupational accidents and diseases (Section 4);
— benefits in the event of invalidity, old age and death (Sections 5, 6 and 7);
— care allowance (Section 8);
— unemployment benefits (Section 9);
— family benefits (Section 10).

● Registration

As soon as you take up employment, your employer will take the necessary steps to register you for insurance purposes with the sickness insurance fund (Krankenkasse). This also covers accident, pension and unemployment insurance. You will receive an insurance number, under which your insurance periods will be recorded, along with your earnings that are subject to contributions.

You will receive from your employer a copy of the certificate registering you with the sickness insurance fund.

If you are self-employed, special rules apply concerning registration and contributions. For details, contact the competent social-security institution.

● Contributions

As an employee, you are obliged to pay contributions to the sickness, unemployment and pension (invalidity, old-age and death) insurance schemes. Contributions are calculated as a percentage of earnings. Normally, you and your employer each pay half of the contribution. However, your employer is responsible for actually making the payments and deducts your contribution amount from your wage or salary. You do not have to pay contributions for either accident insurance (paid by your employer) or family benefits.

If you are self-employed, you are liable to pay contributions for sickness, accident and pension insurance.

Contributions are deducted every month from earnings (including 13th and 14th months’ salaries). For the self-employed, they are deducted from professional income or from a minimum amount. There is an annually adjusted ceiling on income subject to contributions (in 2000: EUR 3 139.47 (ATS 43 200) a month, 14 times a year; for the self-employed, EUR 3 662.71 (ATS 50 400) a month). As an example, contribution rates for salaried employees are as follows:

— sickness insurance: 6.9 %;
— accident insurance: 1.4 %;
— unemployment insurance: 6 %;
— pension insurance: 22.8 %.

2. Social security institutions

The institutions listed below are responsible for the individual branches of social security. Liaison bodies have been established for relations with other EU Member States in social-security matters. If you have problems or questions relating to social security in Austria or one or more other Member States, you may contact the competent social-security institution or the liaison body. The addresses of the liaison bodies are given in Section 11.

● Sickness insurance (including maternity benefit)

You are insured with either the sickness insurance fund (Gebietskrankenkasse) of the Land in which you live, the Austrian mining insurance institution (Versicherungsanstalt des österreichischen Bergbaues), the Austrian railways insurance institution (Versicherungsanstalt der österreichischen Eisenbahnen), the public employees’ insurance institution (Versicherungsanstalt öffentlich Bediensteter), or a sickness insurance establishment for other officials (Krankenfürsorgeeinrichtung für sonstige Beamte). If you are self-employed, you are insured with the commercial and industrial social insurance institution (Sozialversicherungsanstalt der gewerblichen Wirtschaft) or the farmers’ social insurance institution (Sozialversicherungsanstalt der Bauern). For hospital treatment, the regional fund established in each Land is normally responsible.
• **Accident insurance**

Depending on the sector of the economy in which you are employed or work, you are insured with the general accident insurance institution (Allgemeine Unfallversicherungsanstalt) (which also covers self-employed workers in the commercial and industrial sector), the Austrian railways insurance institution, the public employees’ insurance institution, an accident insurance establishment for other officials, or the farmers’ social insurance institution.

• **Pension insurance**

Depending on your type of employment or activity, you are insured against invalidity, old age and death with one of the following bodies:
- the wage earners’ pension insurance institution (Pensionsversicherungsanstalt der Arbeiter);
- the salaried employees’ pension insurance institution (Pensionsversicherungsanstalt der Angestellten);
- the Austrian mining insurance institution;
- the Austrian railways insurance institution;
- the commercial and industrial social insurance institution;
- the farmers’ social insurance institution;
- in the case of public employers, the special schemes for civil servants (Beamtensonder-systeme).

• **Unemployment insurance**

Unemployment insurance benefits are administered by the Labour Market Service (Arbeitsmarktservice) and its regional offices.

• **Family allowances**

Family allowances are administered by the family allowances department at your local tax office (Finanzamt).

3. **Sickness and maternity**

The sickness insurance scheme protects you and entitled members of your family in the event of illness or maternity. The following benefits are provided:
- benefits in kind: health care, medicines and preventive medical examinations (see paragraph A below);
- sickness benefits in cash (paragraph B);
- maternity benefits (paragraph C).

Should you or a family member die, survivors may, in cases of hardship, receive a grant of up to EUR 436.04 (ATS 6 000) towards funeral expenses.

The following categories are subject to compulsory insurance:
- employed persons, including trainees;
- unemployed persons receiving benefits from the Labour Market Service;
- self-employed workers;
- pensioners and pension claimants.

Persons on low earnings (totalling not more than EUR 289.02 (ATS 3 977) per month in 2000) are not subject to compulsory insurance. Anyone resident in Austria is entitled to take out insurance on a voluntary basis.

• **Family insurance**

Members of your family residing in Austria have the same entitlement to sickness benefits in kind as you do. As a rule, dependent family members are your wife and your children up to the age of 18 (27 if they are studying or training), provided they are not insured under the sickness insurance scheme in their own right. Any change in circumstances that may affect the granting of benefits must be reported to the sickness insurance institution without delay. As of 1 January 2001, family members other than children and grandchildren will be entitled to non-contributory sickness benefits covered by the insured party’s sickness insurance only in special circumstances worthy of consideration, such as if they are bringing up children. The insured party will have to pay a special supplementary contribution of 3.4 % for sickness insurance for those family members who do not fall into this category.

Members of your family who reside or are temporarily staying in another Member State may also be entitled to sickness benefits. Your sickness insurance institution will inform you about the formalities to be completed.

A. **BENEFITS IN KIND UNDER THE SICKNESS INSURANCE SCHEME**

• **Preventive examinations**

You and the members of your family are entitled to the following preventive medical examinations for the early detection of diseases:
- examinations for the early detection of diseases in young persons up to the age of 19;
- an annual preventive examination for the early detection of cancer, diabetes and heart/circulatory diseases.

Furthermore, stays in spas (cures) and rehabilitation measures are also covered by sickness insurance.
**Medical treatment**

For as long as you are insured, you and the members of your family are entitled to treatment by general practitioners, specialists and dentists.

Before treatment, you must present the doctor concerned with a sickness insurance certificate (Krankenschein) obtainable from your employer or sickness insurance institution. As of 1 January 1997, employees must make a contribution of EUR 3.63 (ATS 50) for every sickness insurance certificate and dental treatment certificate (see ‘Dental treatment and dentures’) (exceptions: for children, pensioners and people on very low incomes). In an emergency, the doctor will treat you without this certificate; in this case, you should give the name of the sickness insurance institution with which you are insured and produce the certificate later.

Treatment is provided by doctors or dentists who have contracts with the sickness insurance institutions — which covers most established medical practitioners. You may choose the doctor or dentist at the start of treatment or at the beginning of each quarter (in the case of the regional sickness insurance funds) or each month. A list of these practitioners is available from your sickness insurance institution. However, you can also consult non-contracted doctors, in which case your costs are reimbursed up to the amount that would have been payable by your sickness insurance institution if you had been treated by a contracted doctor.

If your doctor considers it necessary to refer you to a specialist, clinic or similar institution, he will give you a referral note (Überweisungsschein).

**Medicines and medical aids**

Medicines are prescribed by a sickness fund doctor and can be obtained from any pharmacy. As a rule, you must pay EUR 3.27 (ATS 45) (2000) for each medicine prescribed.

The sickness insurance institution normally pays for the cost of spectacles, prostheses and other medical aids, in some cases up to a maximum amount.

**Dental treatment and dentures**

The cost of preventive and surgical dental treatment, orthodontic treatment and necessary dentures is covered by the sickness insurance institution, although the cost of orthodontic treatment and dentures is not covered in full. You have to pay the balance.

**Home nursing care**

Home nursing care paid for by the social sickness insurance scheme covers certain types of medical treatment provided by registered nurses against a doctor’s prescription (for example, administering injections, special nutrition, dressing wounds, etc.).

**Hospital care**

If the nature of the illness so requires, you are entitled to treatment in a hospital. This is provided by the nearest hospital on the basis of contractual arrangements between sickness insurance institutions and hospitals.

Hospital care is provided in the standard-rate category and is not subject to any time limit.

For family members of employees, a contribution of 10 % of the hospitalisation fee is charged during the first four weeks. As the insured person, you only have to pay a small daily fee to the hospital (for not more than 28 calendar days each year).

From the beginning of the fifth week, hospital care is free of charge for you and your family members. The sickness insurance institution also pays the cost of patient transport.

From 1 January 2001 a contribution of EUR 10.90 (ATS 150) or EUR 18.17 (ATS 250) (with a maximum amount of EUR 72.67 (ATS 1 000) per year) must be paid for outpatient treatment in a hospital (exceptions: medical emergencies, maternity benefits, people on very low incomes, etc.).

**Travel expenses**

In certain circumstances, travel expenses incurred in order to obtain medical treatment may be partially or wholly reimbursed by the sickness insurance institution.

**B. SICKNESS BENEFIT**

If you become unfit for work as a result of illness, you are entitled to sickness benefit from the fourth day of incapacity under the sickness insurance scheme for employees. For one and the same illness, however, benefit is payable for a maximum of 78 weeks.

Sickness benefit is calculated on the basis of your most recent earnings (up to the maximum contribution basis). It amounts to 50 % of earnings, rising to 60 % from the 43rd day. In addition, where the statutes of the sickness insurance institution so provide, benefit may be increased by a given percentage if you have a spouse and/or other dependent family members. However, the total amount of the sickness benefit may not exceed 75 % of earnings.
Sickness benefit is not payable while you are still entitled to receive your pay on the basis of labour legislation (up to 12 weeks on full pay, followed by a specific period on half pay).

C. MATERNITY BENEFITS

All women entitled to health benefits in kind (see paragraph A above) are also entitled to health benefits during pregnancy and after the birth. Pregnant women should obtain a maternity card (Mutter-Kind-Pass), which contains information on further examinations before and after the birth.

Maternity benefits in kind include:

— attendance by a doctor and assistance from a midwife during pregnancy and after the birth;
— assistance from a midwife and, if necessary, a doctor during delivery;
— drugs, medicines and other therapeutic aids;
— care in a hospital or maternity home for a maximum of 10 days (or longer if complications arise during pregnancy or delivery).

Women working for an employer are entitled to maternity benefit during the period they are not allowed to work (in principle, eight weeks before and eight weeks after the birth). Maternity benefit is calculated on the basis of net earnings over the previous three months. Women do not receive benefit while still entitled to their pay.

Austria also now offers the possibility of in-vitro fertilisation. A special legal act lays down the conditions of entitlement.

4. Accidents at work and occupational diseases

The accident insurance scheme covers you while at work or travelling to or from work. Cover includes measures to prevent accidents as well as benefits in the event of injury. If you have an accident at work, you should report it immediately to your employer, who is obliged to pass on the details to the accident insurance scheme.

All persons employed under an employment or apprenticeship contract and a large proportion of self-employed persons are subject to compulsory accident insurance. Also covered are pupils attending a school providing general education and students attending higher education establishments.

For the prevention of accidents, there are regulations obliging the employer to equip and maintain workplaces so as to protect employees against accidents and occupational diseases. These accident prevention regulations must be strictly adhered to.

In the event of injury, the following benefits may be granted:

— first-aid and therapeutic treatment;
— short-term cash benefits;
— medical, occupational and social rehabilitation measures;
— disability pension (Versehrtenrente);
— survivors’ pensions and funeral grant in the event of death;
— disability compensation (Integritätsabgeltung).

You are entitled to these benefits if you suffer an accident at work (or while travelling to or from work). Occupational diseases give rise to the same entitlement as accidents at work.

• Therapeutic treatment and short-term cash benefits

Therapeutic treatment comprises medical treatment, the provision of medicines and medical aids, for example, prostheses, and care in a hospital or special clinic.

Initially, you receive the cash payments to which you are entitled in the event of incapacity for work due to illness (continued payment of wages or sickness benefit). However, if the disability pension would be higher, the difference is made up. If you are in hospital or a special clinic, you are entitled to a family or daily allowance rather than a disability pension.

• Rehabilitation

Occupational rehabilitation measures include:

— assistance with keeping or finding a job;
— further training and retraining.

An interim allowance is paid during training.

Social rehabilitation assistance may include a wide variety of measures (for example, adaptation of housing to the needs of the disabled, mobility aids).

• Disability pension

After a period of work incapacity (after 27 weeks at the latest), you will receive a disability pension if your earning capacity has dropped by at least 20 % (50 % in the case of schoolchildren and students) for longer than three months as a result
of your accident or occupational disease. In the event of a 100% loss of earning capacity, you receive a monthly pension amounting to 66 2/3% of the basis of assessment (essentially average insured earnings over the previous year). In other cases, you receive a monthly pension in proportion to the degree of disability. Pensions are payable 14 times a year (12 monthly payments plus supplements in May and October).

Where appropriate, a supplement for severe disability amounting to 20% (or 50% if the earning capacity of the person concerned has been reduced by at least 70%) of the pension is paid. For each dependent child up to the age of 18 (27 for those in education or vocational training), a child supplement of 10% of the pension is also paid. The condition for entitlement to these supplements is a reduction in earning capacity of at least 50%.

If, as a result of an accident or occupational disease, you are in need of nursing care, you are also entitled to a care allowance in addition to your pension.

If the occupational accident or disease is the result of negligent disregard of employee protection regulations, the pension is also supplemented by a lump sum as compensation for the degree of physical or mental disability caused (Integritätsabgeltung).

Under certain circumstances, a lump-sum settlement may be paid instead of a disability pension.

- **Survivors' pensions**

  The spouse of an insured person who has died as a result of an accident at work or an occupational disease is entitled to a survivor's pension from the accident insurance fund. This amounts to 40% of the basis of assessment calculated for the deceased if the spouse has reached the normal pensionable age or is 50% incapacitated. If the spouse is younger, the pension is 20% of the basis of assessment.

  Children up to the age of 18 (27 if in education or training) receive an orphan's pension. A child who has lost one parent receives 20% of the deceased's basis of assessment, while a child who has lost both parents receives 30%.

- **Death grant**

  In the event of death as a result of an accident at work or occupational disease, a grant towards funeral expenses is paid to the person bearing these costs.

### 5. Invalidity pensions

- **Insured persons**

  All persons working for an employer and earning above the minimum limit (EUR 289.02 (ATS 3,977) per month in 2000) and a large proportion of self-employed people are also insured against invalidity under the statutory pension insurance scheme. Anyone resident in Austria who is not subject to compulsory insurance has the possibility of joining the Austrian pension insurance scheme voluntarily. If you are no longer subject to compulsory insurance, you can choose to remain in the insurance scheme on a voluntary basis regardless of your place of residence.

  Pensions are in principle granted only on application. Applications should be submitted to the social insurance institution responsible (see Section 2).

- **Degree of invalidity**

  - Salaried employees and wage-earners mainly active in the occupations for which they were trained or qualified: health-related reduction in work capacity to less than half of the work capacity of a healthy person in the same occupation (occupational protection).
  - The self-employed: health-related permanent incapacity to engage in regular gainful activity.
  - Other insured persons: health-related incapacity to earn, through any kind of activity on the general labour market, at least half of the income that could be earned by a healthy insured person through such activity.
  - Insured persons aged 57 or over who, as a result of illness or other infirmity or loss of physical or mental capacity, are unable to pursue an activity in which they were engaged for at least 120 consecutive calendar months during the 180 calendar months prior to the qualifying date.

- **Qualifying period**

  In order to qualify for Austrian pension insurance benefits, you must have been insured for a minimum time.

  Periods recognised are:

  - periods of compulsory or voluntary insurance contributions;
  - equivalent periods, for example, periods of unemployment or sickness benefit, military service or periods of child-raising in Austria up to a maximum of four years per child. In order to have school or study periods recognised for insurance purposes, the appropriate contributions must be paid retro-
spectively. Such periods are then regarded as periods of voluntary insurance contributions. Unless other conditions are specified, entitlement to all pension insurance benefits starts at the end of the standard qualifying period. This is when either 180 contribution months or 300 insurance months have been accumulated, regardless of when the insurance periods actually occurred (equivalent months only from 1 January 1956, however).

If you have not completed the standard qualifying period, you are still entitled to invalidity benefit if you have accumulated 60 insurance months within the past 120 calendar months; if you become an invalid after the age of 50, these periods are increased by one insurance month and two calendar months respectively for each month you are over the age of 50 (up to 180 months within the past 360 calendar months if you are 60).

- **Amount of pension**

  The amount of pension in Austria depends essentially on two factors:

  - the amount of contributions paid (the basis of assessment being calculated as the average of the 180 ‘best’ contribution months, with contributions paid in the past adjusted in line with economic developments);
  - duration of insurance periods (2 % of the basis of assessment per year, up to a maximum of 80 %).

  If equivalent periods have been accumulated for raising children, the pension is supplemented by a fixed amount.

  If your pension, including other earnings, is below the reference level (Richtsatz), you will be granted a supplement to make up the amount if you are resident in Austria (reference levels for 2000: EUR 604.06 (ATS 8 312) for single persons and EUR 861.83 (ATS 11 859) for married couples).

  Austrian pensions are paid 14 times a year (12 monthly payments plus supplements in May and October).

  Pensioners in need of nursing care may also receive a care allowance in addition to their pensions (see Section 8).

  Should you become an invalid before the age of 56½, your pension is made up to a maximum of 60 % of the basis of assessment.

- **Special arrangements for miners**

  Miners are entitled to special benefits and are advised to contact the Austrian mining insurance institution (Versicherungsanstalt des österreichischen Bergbaues) for information.

- **Rehabilitation measures**

  The pension insurance institutions may approve a wide variety of medical, occupational or social rehabilitation measures to restore your work capacity and enable you to regain a suitable position in occupational and economic life.

6. **Old-age pensions**

- **Insured persons**

  For details of the persons covered by old-age insurance and the qualification requirements, see Section 5.

- **Qualifying period**

  For the standard qualifying period, which applies to old-age pensions as well, and the insurance periods required by law in Austria, see Section 5. Unless additional entitlement conditions are specified, the qualifying period is also achieved if at least 180 insurance months have been accumulated within the past 360 calendar months.

- **Standard old-age pension**

  You are entitled to a pension upon reaching the age of 60 (women) or 65 (men). The pensionable age for women will gradually be increased to that for men between 2024 and 2033.

- **Early retirement pensions**

  The ages for the following cases are being increased from 55 to 56½ (women) and from 60 to 61½ (men), though the new thresholds will not be reached until 1 October 2002 (in addition, the pensionable age for women will gradually be increased to that for men during the period from 2019 to 2028):

  - unemployment: you must have received unemployment or sickness benefit for at least 52 weeks during the past 15 months;
  - long period of insurance: you must have accumulated 450 insurance months;
  - flexible pension: you must have accumulated the same insurance periods as for early retirement pension, with a long period of insurance, and have arranged to continue in your job part-time. Depending on how many hours you now work, the pension is 50 % to 80 %.

  There are further conditions which differ from those for standard old-age pension, and it is advisable to contact the competent insurance institution.

  With the exception of the flexible pension, early retirement pensions are withdrawn if you take up gainful activity.
7. Survivors' benefits

- Insured persons

For details of the persons covered by survivors' pension insurance and the qualification requirements, see Section 5.

- Qualifying period

The qualifying period is the same as for invalidity benefits (see Section 5).

- Widow's and widower's pension

If the surviving spouse of a deceased insured person has reached the age of 35 or if the marriage has produced a child, the spouse is entitled to a pension of between 0 and 60 % (depending on his/her other income) of the pension to which the deceased was or would have been entitled (see Sections 5 and 6). A supplementary allowance or care allowance may also be granted in addition to this pension (see Sections 5 and 8).

- Orphan's pension

The orphan's pension is 24 % (for children who have lost one parent) or 36 % (for those who have lost both parents) of the pension to which the deceased was or would have been entitled (see Sections 5 and 6). The reference levels for compensatory supplements (see Section 5) for orphan's pensions depend on the age of the orphan (2000: between EUR 225.58 (ATS 3 104) and EUR 604.06 (ATS 8 312)). A care allowance may also be claimed in addition to the orphan's pension (see Section 8).

A child is entitled to an orphan's pension only until the age of 18 (or 27 if in education or training).

8. Care allowance

Recipients of State benefits, such as pensions under the statutory pension insurance scheme, civil servants' pensions or accident pensions, who require permanent care and assistance on account of a disability are entitled to a care allowance under the Federal Care Allowance Act (Bundespflegegeldgesetz) if they are normally resident in Austria. The care allowance is paid by the body responsible for paying the basic benefit (for example, pension insurance institution), to which applications should be submitted. Depending on the degree of care required, there are seven categories of allowance (in 2000 ranging between EUR 145.35 (ATS 2 000) and EUR 1 531.51 (ATS 21 074) per month, 12 times a year). Where persons do not receive a State benefit giving them entitlement to a care allowance under the Act in question, the Länder will pay an equivalent allowance as social assistance.

9. Unemployment

All persons working for an employer (employees), apprentices and homeworkers earning above the minimum limit (EUR 289.02 (ATS 3 977) per month in 2000) are covered by unemployment insurance.

The payment of cash benefits in the event of unemployment, and verification of entitlement to such benefits, are the responsibility of the Labour Market Service. The main benefits are:

- unemployment benefit
- emergency relief.

In addition, the Labour Market Service provides information on benefit entitlement and helps unemployed people to find jobs and training opportunities.

- Unemployment benefit

You are, in principle, entitled to benefit if you are an employee who has become unemployed and:

- report your unemployment to the Labour Market Service and claim benefit;
- are available for work, that is, you must be capable of work and prepared to accept any suitable employment offered;
- have completed the qualifying period, that is, you must have been in employment subject to compulsory unemployment insurance contributions for at least 52 weeks during the 24 months preceding unemployment. For repeat claimants and young persons under the age of 25, this period is reduced to 26 weeks of employment over 12 months.

The duration of unemployment benefit entitlement depends on how long you were employed and...
your age. It is paid for at least 20 weeks, increasing to:

- 30 weeks if you have been employed for three years over a period of 260 weeks;
- 39 weeks within the last 520 weeks if you are at least 40 years old;
- 52 weeks if you have been employed for nine years over a period of 15 years and are at least 50 years old;
- 78 weeks if you have been employed for 15 years over a period of 25 years and are at least 55 years old (women) or 60 (men).

If you refuse or obstruct an offer of work or a chance to acquire a vocational training qualification, sanctions will be imposed in the form of withdrawal of unemployment benefit, the duration of entitlement being reduced (by at least six weeks). Unemployment benefit is granted from the date of application. However, if you yourself have left your job for no good reason, benefit is not payable until four weeks later.

**Emergency relief**

When unemployment benefit ends, you can draw emergency relief benefit if you are in need. The conditions of entitlement, that is, being able and willing to work, remain the same, and you must also prove need. This is the case where disposable family income is not enough to support you and your family.

**Formalities**

While you are receiving benefit, you are obliged to report to the Labour Market Service at the agreed times to discuss your search for employment with your case officer.

You must also inform the Labour Market Service immediately, without being asked, of any changes in your personal circumstances or those of your family members which may affect your entitlement to benefit (for example, taking up employment or other changes in your income situation).

**Other benefits**

While you are unemployed, the unemployment insurance scheme pays sickness and pension insurance contributions on your behalf. In addition, you are also insured against certain accidents. Compensation for loss of earnings due to insolvency (Insolvenz-Ausfallgeld) is paid by the federal social assistance offices. This benefit is granted in the event of a company going bankrupt or into receivership, in order to protect employees from loss of earnings and delays in the payment of any remuneration to which they are entitled.

10. **Family benefits**

A. **FAMILY ALLOWANCE**

- **Recipients**

Family allowance is payable to Austrian citizens resident or normally resident in Austria and their children, that is, their natural descendants, adoptive children and their descendants, stepchildren and foster-children living in their household or whose maintenance they are primarily responsible for. Persons covered by the Community rules have the same status as Austrian citizens.

- **General requirements**

Family allowance is payable:

- in principle, until the child is of age;
- for children in training for an occupation or receiving further college training in an occupation they have learnt, in principle until the age of 26, though if they have completed military or community service, have borne a child, are pregnant on their 26th birthday, or are severely disabled, family allowance is paid until the age of 27;
- without any age limit for children who, on account of a disability occurring before the age of 21 (or 27 if they subsequently enter vocational training), are likely to be permanently incapable of supporting themselves.

Family allowance is not granted where, for example, a child who has reached the age of 18 has an income above a given monthly amount.

- **Amount**

The amount of family allowance depends on the age of the child. In addition, a supplement is paid if family allowance is being paid for two or more children. If a child is severely disabled, the family allowance is increased by a given monthly amount.

- **Applications and payments**

Family allowance is granted only on application — up to five years retrospectively. Applications must be submitted on a special form (together with E 401 in the case of citizens of other Member States) to the tax office (Finanzamt) responsible, which may also be contacted for further information. The allowance is paid every two months, starting in the first month of entitlement, by the tax authorities. The procedure is computerised.

Recipients of family allowance are obliged to inform the competent tax office, within one month, of any event causing their entitlement to lapse or of any changes in the circumstances on which their entitlement is based.
B. OTHER BENEFITS

- **Maternity card bonus**

This is a single lump-sum payment made on the child's first birthday, provided the medical examinations listed on the maternity card have been undergone by the mother-to-be and the child. It is paid to the parent who primarily looks after the child (the reference date is the child's first birthday). The parent must be resident in Austria and the child must live permanently in Austria.

The child or a parent living with the child must have Austrian nationality, or one of the parents must have been permanently resident in Austria for the three years immediately prior to the child's first birthday.

Persons covered by the Community rules in principle have the same status as Austrians. The family's taxable income in the year of the child's birth must not have exceeded a certain limit. Applications must be submitted to the tax office responsible for the applicant's place of residence within two years of the child's first birthday.

- **Young child benefit**

This benefit is paid monthly during the child's first year (maximum of 12 payments) to the parent who primarily looks after the child during this period, provided the parent is not receiving maternity allowance, parental leave benefit, or similar. The child or parent must have Austrian nationality, or the parent must have been permanently resident in Austria for the three years immediately prior to the birth of the child. The parent must be resident in Austria and the child must live permanently in Austria.

Persons covered by the Community rules in principle have the same status as Austrians. The family's taxable income must not exceed a certain monthly limit (which increases with the number of children for whom family allowance is paid).

Applications must be submitted to the tax office responsible for the applicant's place of residence within two years of the child's birth.

- **Large family supplement**

This monthly benefit is granted in addition to family allowance for the third and subsequent children, if the family's taxable income in the calendar year prior to the year to which the application refers did not exceed a certain limit. Persons covered by the Community rules in principle have the same status as Austrians. A new application must be submitted each year to the tax office responsible for the applicant's place of residence in conjunction with the employee's tax returns.

C. PARENTAL LEAVE BENEFIT

Parental leave benefit is granted to make up lost income while you are looking after your infant child, if you have interrupted employment or started to work part-time to do so. As with unemployment benefit, you must have been in employment subject to unemployment insurance contributions for at least one year. This qualifying period is reduced for repeat claimants (to 26 weeks) and young parents under the age of 25 (to 20 weeks). A father living in the same household as the child may claim parental leave benefit only if the mother waives her entitlement and he also meets the other conditions.

In 2000, parental leave benefit is a minimum of EUR 406.82 (ATS 5 598) per month. Lone parents and parents with partners on low incomes receive a supplement of EUR 180.30 (ATS 2 481) per month.

You may also continue to work part-time, but your monthly parental leave benefit will be reduced accordingly. Benefit is paid until the child reaches the age of 18 months if you have interrupted your employment, or until the child's third birthday if you are working part-time.

Payments are made by your sickness insurance fund.

11. Further information

For further information please contact your sickness insurance fund, accident insurance institution, pension insurance institution, regional office of the Labour Market Service, or local tax office (family allowances department). Social insurance provisions covering the self-employed in the commercial and industrial sector and in farming are not contained in this guide. Further details may be obtained from the insurance institutions concerned.

Listed below are the names and addresses of the institutions that act as liaison bodies for the various branches of social security. If you have problems or questions concerning social security in Austria or another Member State, you can also contact the relevant liaison body.
<table>
<thead>
<tr>
<th>Social security branch</th>
<th>Name and address of liaison body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sickness, accident and pension insurance</td>
<td>Hauptverband der österreichischen Sozialversicherungsträger, Verbindungsstelle, Kundmannsgasse 21</td>
</tr>
<tr>
<td></td>
<td>A-1031 Wien</td>
</tr>
<tr>
<td></td>
<td>Tel. (43-1) 711 32-0</td>
</tr>
<tr>
<td>Unemployment insurance</td>
<td>Bundesministerium für Wirtschaft und Arbeit, Sektion VI</td>
</tr>
<tr>
<td></td>
<td>Stubenring 1</td>
</tr>
<tr>
<td></td>
<td>A-1010 Wien</td>
</tr>
<tr>
<td></td>
<td>Tel. (43-1) 711 00-0</td>
</tr>
<tr>
<td>Family benefits</td>
<td>Bundesministerium für soziale Sicherheit und Generationen, Abteilung V/I</td>
</tr>
<tr>
<td></td>
<td>Franz-Josefs-Kai 51</td>
</tr>
<tr>
<td></td>
<td>A-1010 Wien</td>
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<tr>
<td></td>
<td>Tel. (43-1) 711 00-0</td>
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</tbody>
</table>
1. Introduction

The Portuguese solidarity and social-security system guarantees the right for all to social security. It is composed of three sub-systems: the sub-system for the social protection of the citizen, the sub-system for the social protection of the family and the welfare sub-system (1).

1.1. The sub-system for the social protection of the citizen consists of the solidarity scheme and social assistance and aims to guarantee basic rights of social protection for all citizens, particularly those who are socially deprived, disturbed or marginalised.

- **The solidarity scheme**

This consists of granting guaranteed minimum income benefits, invalidity, old-age and survivors’ pensions plus social supplements.

- **Social assistance**

This consists of granting cash benefits, where applicable, and in exceptional circumstances, benefits in kind, the provision or funding of services and equipment plus support for programmes to help people living in poverty, or those who are socially disturbed, marginalised or excluded.

1.2. The sub-system for the protection of the family applies to all citizens and aims to provide funds to cover increased family expenses, covering the following possible situations:

- family charges (Section 9);
- inadequate resources (Section 9);
- dependants (Section 9).

1.3. The welfare sub-system is based on compulsory contributions and its basic objective is to compensate for loss or reduction of income from employment. It consists of the social-security schemes which apply to all employed and self-employed persons, and the voluntary scheme which people who are not working, or those who are working but are not compulsorily covered by other schemes, can join.

The beneficiaries of the social-security schemes are covered by the national health service (Serviço Nacional de Saúde), which guarantees the provision of health care (see Section 3.A below).

- **The social-security schemes**

The social-security schemes compulsorily cover employed and self-employed persons and cover the following possible situations:

- sickness (Section 3.B below);
- maternity, paternity and adoption (Section 3.C);
- accidents at work and occupational diseases (Section 4);
- invalidity (Section 5);
- old age (Section 6);
- death (Section 7);
- unemployment (Section 8).

Citizens of other EU Member States working in Portugal will, as a rule, be covered by a social-security scheme. Under certain conditions, it will be possible for periods of insurance completed under the legislation of one or more other Member States to be taken into consideration by the Portuguese institutions for the purpose of acquiring entitlement to Portuguese benefits and for the calculation of the amounts of these benefits.

- **The voluntary scheme**

The voluntary scheme covers people of working age who are not working, or those who are working but are not compulsorily covered by the social-security schemes and who would like to join this sub-system.

- **Civil servants**

Civil servants are covered by their own social protection schemes as regards both social security and health. It should be pointed out, however, that the arrangements for family benefits are common to all workers, including civil servants.

2. Organisation, registration and financing

- **Social security institutions**

Social security benefits are provided through the National Pensions Centre (Centro Nacional de Pensões) and the District Centres of Solidarity and Social Security (Centros Distritais de Solidariedade e Segurança Social, CDSSS), which are services of the Institute of Solidarity and Social Security. The former grants to beneficiaries all the benefits to which they are entitled on the basis of (1) The law which defines the general bases of the solidarity and social security system came into force in February 2001, but the rules have not yet been drawn up. Pending publication of the new regulations, the previous legislation remains in force. As a result, the information on schemes and benefits in Sections 3 to 10 of this Guide may have to be adapted.
invalidity and old age. It also grants pensions to survivors in the event of an insured person’s death.

Virtually all other benefits are granted through the District Centres of Solidarity and Social Security, each of which is competent for its own district.

Cover against occupational diseases is provided through a separate institution, the National Centre for Protection against Occupational Risks.

The addresses of these bodies are listed in Section 11 below.

The provision of health-care benefits (medical treatment) is the responsibility of the health centres (centros de saúde), which form part of the national health service (Serviço Nacional de Saúde) and not that of the solidarity and socialsecurity system. The solidarity and social-security system does not provide cover against accidents at work. This cover is, as a rule, provided by an insurance company with which your firm has signed a contract for this purpose.

In the autonomous region of Madeira, the Social Security Centre of Madeira is responsible for social-security benefits, and the Regional Health Centre for health care. These institutions are based in Funchal.

In the autonomous region of the Azores, the Centre for Cash Benefits of the Institute for the Management of Social Security Schemes, to which the person concerned is affiliated, is responsible for cash sickness and maternity benefits and family benefits, and the Coordinating Centre for Deferred Benefits of the Institute for the Management of Social Security Schemes is responsible for invalidity, old-age and death benefits.

The Department of International Relations concerning Social Security (see Section 11) is the liaison body between the Portuguese socialsecurity institutions and their foreign counterparts. It is also responsible for providing information to foreign workers in Portugal concerning their social-security rights and obligations.

- **Registration**

Workers are entitled to receive benefits only if they are registered with the solidarity and social-security system. You must register with the district centre where your employer has his place of business. Your registration remains valid throughout your lifetime, even after you stop working.

Your employer is obliged to ensure that you are registered. You are obliged to inform the district centre if you start working or change job. If you fail to do so, you may forfeit benefits.

If you are self-employed, you must register at the district centre in the area where you reside (see Section 11).

- **Contributions**

Membership of social-security schemes requires the payment of contributions by the employer and by the worker. As a rule, your employer pays both his own and your contributions to the district centre, and then deducts the contribution payable by you from your pay. In other words, the employer remits every month to the district centre 34.75 % of wages, of which 11 % is payable by you.

Self-employed workers have to pay contributions amounting to 25.4 % if they are covered only by the compulsory scheme, or 32 % if they have opted for the wider scheme.

The law fixes lower contribution rates for certain situations, notably for non-profit organisations and financially insecure activities.

The financing of insurance cover against accidents at work is entirely the responsibility of the employer. Health care is financed by the State.

Insurance against accidents at work is compulsory for self-employed workers.

- **Disputes**

If you consider that your rights as an insured person have been infringed, you may lodge a complaint with the administrative body responsible for granting the benefit to which you believe you are entitled.

If your application for a benefit or your complaint is rejected or if you have not been allowed to register with the general scheme, you may appeal to the administrative tribunal (Tribunal administrativo) for recognition of your rights.

3. Sickness and maternity

A. HEALTH BENEFITS IN KIND

Health benefits cover preventive and medicinal care, including general medical consultations, specialist consultations and home visits, treatment in the event of illness, additional diagnostic services, specialist treatment, pharmaceutical products, additional medical equipment such as spectacles, artificial eyes and dentures, hospital treatment, spa treatment, etc.

All Portuguese citizens as well as the nationals of other EU Member States covered by the national health service are entitled to health benefits in kind. Health benefits are granted for the duration of your illness, without a time limit.

- **Provision of medical treatment**

Health care is, as a rule, provided in the health centres (centros de saúde) and their local offices. If the health centres cannot provide medical treat-
ment within 72 hours, you may consult a doctor who has concluded an agreement with the health service.

In an emergency, you may contact the nearest on-call service (serviço de atendimento permanente, SAP) and/or an official hospital establishment.

Where the waiting period for admittance to a general hospital is more than three months, you are entitled to treatment in one of the private clinics which have a contract with the national health service.

You have to pay a fixed charge towards the cost of most kinds of medical treatment, and for each consultation (whether in a health centre or in hospital) and each additional diagnostic investigation. All costs exceeding the fixed charges are paid by the health service.

However, a considerable number of people are exempt from payment of the fixed charges. They include the following categories:

— pregnant women and nursing mothers;
— children up to the age of 12;
— pensioners receiving a pension of not more than the national minimum wage and their dependent spouses and children;
— unemployed persons registered with employment offices and their dependent spouses and children;
— employees receiving a monthly income of not more than the national minimum wage and their dependent spouses and children;
— most persons who are disabled or have an incurable or long-term disease;
— persons receiving a lifetime monthly allowance.

Furthermore, there are no fixed charges for admission to and treatment in hospitals and inpatient units of health centres.

● **Medicines**

Medicines prescribed by the bodies which provide health care may be purchased at any pharmacy on presentation of a prescription. The State bears a certain percentage of the cost of each medicine, while the rest must be paid by you. The percentage paid by the State depends on the classification of each particular medicine in one of four scales and ranges from 20 to 100%.

As far as additional medical equipment and prostheses (such as spectacles) are concerned, the health service contributes to their cost up to a specified amount, according to specified percentages and conditions.

● **Provision of health-care benefits in other EU Member States**

If you work in Portugal and have dependent family members who are entitled to health care in Portugal but reside in the territory of another Member State, you should apply for form E 109, issued by the District Centre of Solidarity and Social Security (CDSSS) which covers you. You should send two copies of this form to your family members so that they can register with the health-care institution of their country of residence and thus get entitlement to health-care benefits there.

If you move temporarily to another Member State while you are working in Portugal, you should apply for form E 111 before leaving; this form is issued by the District Centre of Solidarity and Social Security which covers you.

B. **CASH SICKNESS BENEFITS**

If you are temporarily unfit for work for a reason which is not caused by an accident at work or an occupational disease (see Section 4), you may be eligible for a sickness allowance.

● **Qualifying conditions and duration of benefits**

To qualify for the sickness allowance, you must have completed a qualifying period of six calendar months of paid employment. This period does not necessarily have to be successive. In addition, you must have a record of 12 days of paid employment in the four months immediately preceding the date of onset of the incapacity.

The allowance is not granted for the first three days of incapacity. However, in the case of tuberculosis or hospitalisation occurring in the first three days of incapacity, the benefit is paid from the first day.

The allowance is payable for a maximum period of 1,095 days, following which you may become covered by the invalidity insurance scheme (see Section 5 below). If you are suffering from tuberculosis, the allowance is granted for as long as you are unfit for work.

The sickness allowance for self-employed workers opting for the extended insurance scheme is granted for a maximum of 365 days (except in the case of tuberculosis) and, except in the event of hospitalisation or tuberculosis, is not paid in the first 30 days of incapacity.

● **Amount of benefit**

The daily amount of sickness allowance is 65% of your daily average earnings in the last six months preceding the second month before the month in which the incapacity occurred. If the period of incapacity lasts more than 365 consecutive days,
the percentage is increased to 70%. In the case of tuberculosis, the allowance is 80 or even 100%. The allowance cannot be less than 30% of the minimum wage, unless your previous average earnings were less than this amount. In this case, the amount of the allowance is equal to that of these earnings.

- **Formalities**

If a sickness or accident results in temporary incapacity for work, the health centre for the area in which you reside will issue a certificate attesting your temporary incapacity, which you must then forward to your District Centre of Solidarity and Social Security. The latter will then calculate the allowance and pay it to you.

C. **MATERNITY, PATERNITY AND ADOPTION**

The birth or adoption of a child, as well as absence from work in order to look after young or disabled children, severely disabled or chronically sick children or newborn grandchildren, can provide entitlement to the following benefits:

- maternity allowance;
- paternity allowance;
- adoption allowance;
- allowance for attending to sick minors or disabled children;
- allowance for attending to severely disabled or chronically sick children;
- parental leave allowance;
- special leave allowance for grandparents;
- special risks allowance;
- health care (see Section A above).

Working women who are covered by contributory social-security schemes are entitled to maternity allowance.

Employed fathers are entitled to paternity leave allowance in the first month following birth, as are self-employed fathers. They are also entitled to the allowance when, following delivery of a child, the mother’s maternity leave is terminated on account of physical or mental incapacity or death or following a joint decision by both parents.

The adoption of a child of less than 15 years of age by a beneficiary (male or female) grants him/her entitlement to adoption allowance if he/she ceases to pursue an occupation in order to look after the child.

The mother or father of a child of up to 10 years of age or regardless of age if the child is disabled is entitled to an attendance allowance if the child has an accident or is taken ill.

Employed persons are entitled to an attendance allowance for children, including adopted children and stepchildren, up to 12 years of age who are severely disabled or chronically sick.

Employed parents are entitled to a parental leave allowance for the first 15 days immediately following paternity or maternity leave.

Workers may take time off for the birth of grandchildren where they are the children of adolescents aged 16 or less who live in the same household. They are entitled to a special leave allowance for grandparents.

Women workers are entitled to an allowance for special risks intended as compensation for loss of pay while excused from work in the event of pregnancy, childbirth or breast-feeding on account of risks to their health and safety or if exempted from night working.

- **Qualifying conditions and duration of benefits**

In order to be entitled to the abovementioned cash benefits, you must have completed a qualifying period of six months of paid employment.

Maternity allowance is paid for 120 days, of which 90 must directly follow birth. At least six weeks maternity leave must be taken after birth. In the event of a miscarriage, you are entitled to a period of leave of between 14 and 30 days. There are also additional provisions for the birth of twins, clinical risks to mother or child and in the event of hospitalisation of the mother or child.

The paternity leave allowance is for a period of five days, consecutive or interrupted, while the parental leave allowance is for a period of 15 days immediately following maternity or paternity leave. The adoption allowance is paid over a period of 100 days and the attendance allowance for sick or disabled minors is paid for a maximum of 30 days per year per child.

The attendance allowance for severely disabled or chronically ill children is payable for six months, but this period can be extended up to a maximum of four years. The special leave allowance for grandparents is payable for a maximum of 30 days.

The special risks allowance is payable for the period necessary to avoid exposure to safety and health risks or for 112 days during exemption from night working.

- **Amount of benefit**

The level of the maternity, paternity and parental allowances and the special leave allowance for grandparents is 100% of your average earnings in the last six months preceding the second month before the month in which entitlement to benefit
arose. The allowances cannot be less than 50 % of the minimum wage.

The level of the daily allowance for attending to sick minors or disabled children or to severely disabled or chronically sick children or to compensate for special risks is 65 % of the reference earnings. The allowance for attending to severely disabled or chronically sick children may not exceed the level of the highest minimum monthly wage.

- **Formalities**

Benefits must be claimed from your District Centre of Solidarity and Social Security within a period of six months of the first day of absence from work without pay.

When you make a claim, you must provide evidence of the situation and the facts which give rise to benefits. You must also provide statements from the health service and/or certificates from the civil register.

### 4. Accidents at work and occupational diseases

It is the responsibility of your employer to provide cover against accidents at work for his workers. As a rule, liability is transferred to insurance companies, as the social-security schemes do not cover this risk.

Self-employed workers are also obliged to take out insurance against accidents at work.

The general social-security scheme, however, does provide cover against occupational diseases.

In spite of this difference, the range of benefits in connection with accidents at work is almost identical to that provided for in the case of occupational diseases. The following benefits are granted:

- medical and surgical treatment, medicines and other health care such as hospitalisation, nursing care, etc.;
- compensation for temporary incapacity for work;
- provisional pension;
- lump-sum payments and pensions for permanent incapacity for work;
- allowance for severe permanent incapacity;
- death grant and allowance towards funeral expenses;
- survivors' pensions;
- pension-supplementing benefit;
- supplementary allowances in the months of July and December;
- allowance for home conversion;
- allowance for attending vocational training courses.

All persons employed in any kind of activity, whether or not for profit, are entitled to benefits; in the event of death, so also are the members of their families. As regards occupational diseases, cover may also be extended to self-employed workers.

- **Qualifying conditions and duration of benefits**

In order to qualify for classification as an accident at work, an accident must normally have occurred at the place of work during working hours and it must have resulted in physical injury, functional disorder or illness resulting in death or in a reduction of working or earning capacity, whether temporary or permanent, partial or total.

In the case of occupational diseases, benefits can be awarded if a worker contracted an occupational disease as a result of being exposed to a risk associated with his occupation or his usual working environment. Furthermore, the disease must manifest itself within a period laid down in the official list of occupational diseases.

Benefits continue to be paid as long as the effects of the accident or disease persist.

- **Amount of benefit**

The amount of cash benefits depends on the degree and nature of the worker's incapacity for work, on his/her previous basic earnings and, in certain cases, on whether or not he or she has dependent family members.

- **Formalities**

In the event of an accident at work, you should contact the insurance company to which your employer transferred liability or to which he refers you. There are time limits to be respected and the formalities may vary from company to company. Consequently, it is advisable to be well-informed in advance about what to do if an accident occurs.

If you contract an occupational disease, you should address your claim to the National Centre for Protection against Occupational Risks (for the address, see Section 11 below).

Health care is normally provided by the public health services (see Section 3.A above). The doctor treating you will determine whether or not your disease is associated with your occupation; such confirmation is essential in order to acquire the benefits in question.

When claiming death-related benefits, you must submit the death certificate and the receipt for the funeral expenses.
5. Invalidity

Invalidity may provide entitlement to:
— an invalidity pension;
— a dependency supplement.

You may claim an invalidity pension if you are permanently unfit for work to such an extent that you are unable to earn more than one third of the earnings which you would normally receive for carrying out your profession on a full-time basis.

You are not entitled to an invalidity pension if your invalidity is the result of an accident at work or occupational disease, or if you satisfy the conditions for obtaining an old-age retirement pension.

Invalidity benefits are payable to all workers insured under a contributory social-security scheme.

● Qualifying conditions and duration of benefits

In order to be entitled to an invalidity pension, you must have paid at least five years of social-security contributions. For that purpose, only years with at least 120 days of contributions will be considered. You remain entitled to benefits for as long as the reasons which constituted grounds for recognition of invalidity continue to exist, but at the latest until your pension is converted into an old-age pension.

If permanent incapacity is established after the maximum period for the award of cash sickness benefit has elapsed (1 095 days), the beneficiary can transfer to the invalidity insurance scheme.

In order to be entitled to the dependency supplement, you must be unable to do without the constant attendance of another person to provide for your basic needs. The degree of dependency is certified by the sistema de verificação de incapacidades (system for the verification of incapacity), as grade 1 (major) or grade 2 (minor).

● Amount of benefit

The amount of the invalidity pension is calculated at 2 % of your average earnings over the 10 years in which your earnings were at their highest during the past 15 years multiplied by the number of calendar years during which contributions were paid for at least 120 days. The amount may not be less than 30 % nor more than 80 % of previous average earnings. There is a guaranteed minimum amount, which varies between 65 and 100 % of the minimum national wage depending on the number of contributory years. If the amount of your pension is lower than the guaranteed minimum, the pension is supplemented by a social supplement equal to the difference between the guaranteed minimum and the pension under the general scheme.

In December, pensioners receive a Christmas bonus and, in July, a 14th month payment, the amounts of which are equal to those of the pension.

Cumulation between the invalidity pension under the general scheme and other invalidity or old-age pensions from other social protection schemes, namely those relating to accidents at work and occupational diseases, is permitted. Cumulation between invalidity pension and income from work is also permitted. However, the pension plus any income from another occupational activity may not exceed the value of the average earnings which served as the basis for the calculation of the pension. If this limit is exceeded the pension is reduced by the amount of the excess.

The amount of the dependency supplement is 50 % of the amount of the social pension for grade 1 dependency and 90 % for grade 2 dependency.

● Formalities

Claims for invalidity pensions and dependency supplements should be addressed to the district centre of your place of residence on the appropriate form and accompanied by the documents indicated on the form (photocopy of the applicant's identity card and tax card, identity documents of the person/body providing assistance in the case of the dependency supplement).

6. Old-age benefits

Old age may provide entitlement to:
— an old-age pension;
— a dependency supplement.

Old-age benefits are granted to all workers registered with a contributory social-security scheme.

● Qualifying conditions and duration of benefits

You are entitled to an old-age pension if you have reached pension age and if you have completed the required period of social-security contributions. The minimum retirement age is 65 for both men and women. Under certain conditions, however, you may claim an old-age pension before or after reaching the age of 65. If you apply for a pension from the age of 55 (and have registered earnings over a period of 30 calendar years), the pension amount is reduced. In contrast, if you do not apply for a pension until after the age of 65 (and have registered earnings over a period of 40 calendar years) you are entitled to a supplement in addition to your pension. There
are other provisions which allow specific categories of workers to retire early. Under certain conditions, unemployed persons may claim an old-age pension at 55 or 60.

In order to be entitled to an old-age pension, you must also provide evidence that you have paid at least 15 years of contributions. For that purpose, only years with at least 120 days of contributions will be considered.

Old-age pensions are payable until the pensioner's death.

Concerning the dependency supplement, the same qualifying conditions apply as for invalidity pension (see Section 5).

- **Amount of benefit**

  The amount of your old-age pension is calculated at 2% of your average earnings over the 10 years in which your earnings were at their highest during the past 15 years multiplied by the number of calendar years during which contributions were paid for at least 120 days. The amount may not be less than 30 nor more than 80% of previous average earnings. There is a guaranteed minimum amount, which varies between 65 and 100% of the minimum national wage depending on the number of contributory years. If the amount of your pension is lower than the guaranteed minimum, the pension is supplemented by a social supplement equal to the difference between the guaranteed minimum and the pension under the general scheme.

  In December, pensioners receive a Christmas bonus and, in July, a 14th month payment, the amounts of which are equal to those of the pension.

  The cumulation of an old-age pension with occupational earnings is permitted.

- **Formalities**

  You should apply for an old-age pension by sending the appropriate form to the National Pensions Centre (see Section 11 for the address) or to the District Centre of Solidarity and Social Security in the area in which you were employed or in which you are resident accompanied by the documents indicated on the form (for example, photocopy of the applicant's identity card and tax card). Claims for dependency supplements should be made on the appropriate form and accompanied by the documents indicated for old-age pensions and identity documents of the person/body providing the assistance.

7. **Death grants and survivors’ pensions**

The death of beneficiaries of contributory social-security schemes can entitle their survivors to:

- a survivor's pension;
- a death grant;
- a dependency supplement.

In the first place, the surviving spouse, former spouse or person equivalent to a spouse and the children or persons treated as such are entitled to survivors’ benefits. Where such persons do not exist, the relatives in the ascending line or in-laws who were dependent on the deceased person at the time of his/her death may be entitled instead.

- **Qualifying conditions and duration of benefits**

  Entitlement to a survivor's pension depends upon the fulfillment of a number of conditions by both the deceased insured person and his survivors. The insured person must have paid a minimum of 36 months of contributions by the time of his/her death. As for the survivors, the spouse or former spouse must have been married to the deceased person for at least one year, while in the case of separation or divorce, the spouse or former spouse must have been receiving alimony on the date of death. For the partner of the deceased to be entitled to a pension, (s)he must have lived with him/her for more than two years in a situation equivalent to that of marriage or have had her/his right to alimony recognised legally. Children or persons treated as such are entitled to the pension until they reach the age of 18 years, entitlement being retained up to the ages of 25 or 27 if they attend certain courses and with no age limit if they are disabled and entitled as a result to family benefits.

  The death grant is granted to the family of the deceased and is not subject to a qualifying period.

  Where there are no family members entitled to the death grant, an allowance for funeral expenses may be paid to whoever can provide evidence of having incurred such expenses.

  The dependency supplement is payable to survivors who are in a dependent situation and are unable to perform by themselves the essential activities of daily life.

- **Amount of benefit**

  The amount of the survivors’ pension is a percentage of the pension which the insured person was receiving or would have been receiving if he/she had been unfit for work or had retired on the date of death. This percentage amounts to:
— 60 % for the spouse or former spouse, or 70 % if both exist;
— 20, 30 or 40 % for the children or persons treated as such, according to whether there are one, two or more. These percentages are increased to 40, 60 or 80 %, respectively, if there is no surviving spouse or former spouse.

In December, pensioners receive a Christmas bonus, and in July they receive a 14th month bonus, the amount of each of which is equal to that of the pension.

The death grant, paid only once, is equal to six times that of a reference wage which may not be less than the national minimum wage. Half of the amount is paid to the spouse or former spouse and half to the children or persons treated as such. If one of these categories of survivors does not exist, the full amount of the death grant is paid to the other category.

The amount of the dependency supplement is indexed to the value of the social pension under the non-contributory scheme and depends on the degree of dependency: grade 1 — 50 % of the amount of the social pension; grade 2 — 90 % of the social pension.

### Formalities

You can apply for a survivor’s pension and/or a death grant on the appropriate form, which you should send to the National Pensions Centre or to the District Centre of Solidarity and Social Security of the area in which you reside. The addresses are listed in Section 11 below.

Claims should be accompanied by the insured person’s birth certificate with written evidence of his/her death, as well as a photocopy of your identity card.

You must submit an application for a dependency supplement on the appropriate form to the District Centre of Solidarity and Social Security of the area where you reside, together with your identity card. The CDSSS’s service responsible for verifying incapacity decides whether there is a situation of dependency and establishes the degree of dependency (major or minor).

### 8. Unemployment

Involuntary unemployment may give rise to three benefits:
— unemployment benefit (subsídio de desemprego);
— unemployment assistance benefit (subsídio social de desemprego);
— partial unemployment benefit (subsídio de desemprego parcial).

### Qualifying conditions and duration of benefits

In order to qualify for benefits, you must be capable of working and be available, and you must have registered with your local employment office (centro do emprego).

You are entitled to unemployment benefit if you have completed a period of 540 days of paid work for an employer in the 24 months immediately preceding the date of unemployment.

You are entitled to unemployment assistance benefit if you have completed a period of 180 days of paid work for an employer in the 12 months immediately preceding the date of unemployment. This benefit is also granted to persons who are still unemployed after the period during which they received unemployment benefit has expired. However, unemployment assistance benefit is awarded only to workers whose per capita family income does not exceed 80 % of the minimum wage.

The period during which the unemployment benefit is paid depends on the age of the worker and is between 12 and 30 months. Recipients aged over 45 are paid for an additional two months for each period of five years of registered earnings during the 20 calendar years preceding unemployment.

The unemployment assistance benefit is granted for the same period, except where it is granted following the expiry of a previously awarded unemployment benefit, in which case the duration is reduced by half. Where the recipient was 35 years of age or over upon becoming unemployed, the benefit is extended up to the age of 60, the age at which an old-age pension can be obtained. There are also provisions for entitlement to old-age pension at the age of 35 for recipients aged 30 or over upon becoming unemployed, but in such cases the amount of the pension is reduced.

You are entitled to a partial unemployment benefit if you are receiving unemployment benefit and take up part-time employment. You also have to meet other conditions concerning the amount of the earnings from the part-time employment and the number of working hours.

This benefit is payable from the date when the part-time employment starts and continues for the remaining period during which the current unemployment benefit would have been paid.

### Amount of benefit

The daily amount of unemployment benefit is 65 % of the reference earnings, corresponding to the daily average of your total earnings in the last 12 calendar months preceding the second month before the date on which you became unem-
ployed. However, it cannot be less than the minimum wage (unless the reference earnings were less than the minimum wage), nor greater than three times this amount.

The amount of unemployment assistance benefit is between 80 and 100% of the highest minimum monthly wage guaranteed by law, depending on whether the recipient is living alone or has a family, but may not be greater than the amount of the reference earnings.

The amount of the partial unemployment benefit corresponds to the difference between the amount of the unemployment benefit, plus 25%, and the earnings from the part-time employment.

● Formalities

Claims for unemployment benefits should be addressed to the regional social-security centre (CDSSS) for the area where you are employed or reside within 90 days of the date on which you became unemployed. Such claims must be made on the appropriate form and be accompanied by a declaration from the employer confirming that you are unemployed and indicating the date of the last payment of wages and by a declaration from the employment office for the area where you reside certifying your capacity and availability for work.

9. Family benefits

The following benefits are granted:
— family benefit for children and young persons;
— benefit for attending a special educational establishment;
— lifelong monthly benefit;
— allowance for attendance by a third person;
— funeral allowance.

Entitlement to a funeral allowance results from the death of the beneficiary or of the following family members: his/her spouse, dependent children, children receiving the lifelong monthly benefit and dependent relatives in the ascending line. In all cases, evidence of the costs must be provided.

Entitlement to all the continuing benefits arises by virtue of having children or persons treated as such (stepsons/stepdaughters, adopted children, wards, etc.).

Only one benefit can be awarded for one and the same circumstance, even if more than one beneficiary is entitled to that benefit.

The family benefit for children and young persons is supplemented by an additional allowance in the event of disability. This benefit is highest in the first 12 months of a child’s life and may be raised from the third child giving rise to entitlement.

● Qualifying conditions and duration of benefits

You are granted family benefits provided that you have had earnings registered in your name in the 12 months before the second month preceding the date of your claim or confirmation of the circumstance giving rise to entitlement (not required for pensioners). The family member in question must also be your dependant and not be exercising any occupational activity covered by the obligatory social protection scheme.

The family benefit for children and young persons is granted for children up to the age of 16 (24 if disabled). However, it may be granted up to the age of 18, 21 or 24 if the child is in elementary, secondary or higher education or is following vocational training and does not receive a study grant, training allowance or pay for work experience (greater than two thirds of the minimum wage).

The disability allowance is intended for disabled children less than 24 years of age who are attending or living at a special establishment or require individual educational support or special therapy.

The allowance for attending a special educational establishment is granted for disabled children less than 24 years of age who attend a special educational establishment run privately for profit or on a non-profit basis and need individual support outside the establishment.

The lifelong monthly benefit is granted for disabled children above the age of 24 who are unable to support themselves through the exercise of an occupational activity.

The allowance for attendance by a third person is granted to children who receive the family benefit for children and young persons supplemented by the disability allowance or the lifelong monthly benefit and who rely on and receive assistance from a third person for at least six hours a day to provide for their basic needs.

The period during which continuing benefits are payable varies.

Once the child has attained the age of 16, the family benefit for children and young persons continues to be paid only if evidence continues to be provided that the child is pursuing education at one of the various levels referred to.

The disability allowance is granted up to the age of 24, while the lifelong benefit may be paid for an indefinite period, as long as the disabled child does not receive a non-contributory invalidity pension.
• **Amount of benefit**

The amount of family benefit for children and young persons is fixed on the basis of three earnings categories indexed to the national minimum wage:
- category 1: up to 1.5 x minimum wage;
- category 2: greater than 1.5 x minimum wage up to 8 x minimum wage;
- category 3: greater than 8 x minimum wage.

The amount of the disability allowance varies according to the above three earnings categories, while the amount of the allowance for attending a special education establishment depends on the monthly payments to and income of the family. The amounts of the remaining benefits are fixed and are all updated periodically, usually once a year.

• **Formalities**

You should claim family benefits from your district centre within a period of six months of the date when the circumstance giving rise to entitlement arose, on the appropriate form and accompanied by the documents indicated on the form, that is:
- the birth certificate or identity card of the child for whom you claim the allowance;
- photocopy of the student identity card or evidence of enrolment at an educational establishment (family benefit for children and young persons aged 16 to 24);
- a medical certificate issued by the appropriate authorities if the child is disabled;
- a medical declaration stating that the disabled child requires special care, if you claim the allowance for attending a special educational establishment;
- death certificate for the relevant benefits;
- medical information and photocopy of the ID card of the person providing assistance (for the allowance for attendance by a third person).

If you are an employed person, you are entitled to Portuguese family benefits for members of your family who reside in other EU Member States. For more detailed information, consult your district centre.

10. **Non-contributory benefits**

The solidarity scheme of the sub-system for the social protection of the citizen provides for the following benefits:
- invalidity:
  - social invalidity pension;
  - dependency supplement;
- old age:
  - social old-age pension;
- dependency supplement;
- death:
  - widow/widower’s pension;
  - orphan’s pension;
  - a dependency supplement;
- family benefits:
  - family benefit for children and young persons plus disability allowance;
  - allowance for attending a special educational establishment;
  - allowance for attendance by a third person;
  - minimum guaranteed income.

• **Beneficiaries**

A non-contributory pension is payable to persons aged 65 or over, as well as to persons aged over 18 who are permanently incapable of pursuing any kind of occupation.

The dependency supplement is granted to holders of non-contributory invalidity, old-age or survivors’ pensions who satisfy the conditions referred to in Section 5 above in connection with this benefit.

A widow/widower’s pension is payable to the spouse of a pensioner who was receiving a non-contributory pension before he/she died, provided that the widow or widower concerned is not entitled to a pension in his/her own right. An orphan’s pension is payable to orphans who are under age.

The non-contributory family benefits are payable for the same categories of children and young persons as the parallel contributory benefits discussed in Section 9 above.

The minimum guaranteed income is intended for individuals and families in serious economic need. Such persons must be legally resident in Portugal, be aged above 18 and meet other conditions. The serious need is established on the basis of certain parameters (for example, where the earnings of an individual living alone are less than 100 % of the social pension).

• **Qualifying conditions and duration of benefits**

The benefits referred to above may be granted only to persons who are not covered by the contributory schemes or who, if they are covered, do not meet the requirements when the risk covered materialises. Moreover, benefits are granted only to persons who reside in Portugal and are in straitened financial circumstances.

The period during which non-contributory benefits are paid is subject, first, to the continued fulfilment of the conditions for their award under the non-contributory scheme. Second, pensions and family benefits cease in the same manner as under the contributory schemes, depending in particular on age, attendance at an educational
establishment, the termination of invalidity, and death.

- **Amount of benefit**
  The non-contributory invalidity and old-age pensions are fixed at a flat rate and are usually updated every year. The amount of an orphan's pension is also fixed, but depends on the number of children. The widow's/widower's pension amounts to 60% of the non-contributory old-age pension.

  The amount of family benefits is determined in the same way as for the general scheme.

  The dependency supplement is granted according to the following rates: grade 1 dependency — 45% of value of social pension; grade 2 dependency — 85% of value of social pension.

  The amount of the guaranteed minimum income is indexed to the value of the social pension under the non-contributory scheme and depends on the family household and income. It is equal to the difference between the amount established as the minimum income for the family and actual earnings.

- **Formalities**
  All benefits should all be claimed from the District Centre of Solidarity and Social Security centre responsible for the area in which the person claiming benefits resides.

  The claim should be accompanied by identification documents (birth certificate, identity card), a statement relating to the amount of income as well as the documents referred to in previous sections concerning the same situations.

**11. Further information**

For further information please consult the District Centre of Solidarity and Social Security (Centro Distrital de Solidariedade e Segurança Social, CDSSS) in the area in which you reside. The addresses of these centres are as follows:

<table>
<thead>
<tr>
<th>Districts</th>
<th>Address</th>
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<tbody>
<tr>
<td>AVEIRO</td>
<td>Rua Dr. Alberto Soares Machado P-3804-504 Aveiro</td>
</tr>
<tr>
<td>BEJA</td>
<td>Rua Professor Bento Jesus Caraça, 25 - Apartado 44 P-7801-951 Beja</td>
</tr>
<tr>
<td>BRAGA</td>
<td>Praça da Justiça P-4717-505 Braga</td>
</tr>
<tr>
<td>BRAGANÇA</td>
<td>Praça Professor Cavaleiro Ferreira - Apartado 209 P-5301-859 Bragança</td>
</tr>
<tr>
<td>CASTELO BRANCO</td>
<td>Rua da Carapalha, Bloco 2 A P-6000-164 Castelo Branco</td>
</tr>
<tr>
<td>COIMBRA</td>
<td>Rua Abel Dias Urbano, 2 P-3001-519 Coimbra</td>
</tr>
<tr>
<td>ÉVORA</td>
<td>Rua Chafariz d’El Rei, 22 - Apartado 23 P-7002-551 Évora</td>
</tr>
<tr>
<td>FARO</td>
<td>Rua Infante D. Henrique, 34 P-8000-363 Faro</td>
</tr>
<tr>
<td>GUARDA</td>
<td>Av. Coronel Orilindo de Carvalho P-6300-680 Guarda</td>
</tr>
<tr>
<td>LEIRIA</td>
<td>Largo da República, 3 P-2414-001 Leiria</td>
</tr>
<tr>
<td>LISBOA</td>
<td>Av. Afonso Costa, 6 a 8 P-1900-034 Lisboa</td>
</tr>
<tr>
<td>PORTALEGRE</td>
<td>Praça João Paulo II, 7 - Apartado 18 P-7301-959 Portalegre</td>
</tr>
<tr>
<td>PORTO</td>
<td>Av. da Boavista, 900 P-4100-112 Porto</td>
</tr>
<tr>
<td>SANTARÉM</td>
<td>Largo do Milagre, 49 a 51 - Apartado 28 P-2000-069 Santarém</td>
</tr>
<tr>
<td>SETÚBAL</td>
<td>Praça da República - Apartado 47 P-2900-587 Setúbal</td>
</tr>
<tr>
<td>VIANA DO CASTELO</td>
<td>Rua da Bandeira, 600 P-4901-866 Viana do Castelo</td>
</tr>
<tr>
<td>VILA REAL</td>
<td>Rua D. Pedro de Castro, 110 - Apartado 208 P-5000-669 Vila Real</td>
</tr>
<tr>
<td>VISEU</td>
<td>Av. António José de Almeida, 15 P-3514-509 Viseu</td>
</tr>
</tbody>
</table>

The district centres have local services in all major towns. You can also consult the local service of your place of residence for any information you may need.

The following are the addresses of the other main social-security institutions:

- National Pensions Centre (Centro Nacional de Pensões), Campo Grande, 6, 1771 Lisbon Codex
- National Centre for Protection Against Occupational Diseases (Centro Nacional de Proteção contra os Riscos Profissionais), Av. da República, 25, 1 Esq., 1000 Lisbon
- Department of International Relations concerning Social Security (Departmento de Relações Internacionais de Segurança Social), Rua da Junqueira, 112, 1302 Lisboa Codex.
1. General

The Finnish social-security system covers statutory benefits based on residence and employment. The purpose of social security is to guarantee an income during periods of sickness, incapacity for work, unemployment and old age and in the event of childbirth and death of the provider. Social security includes statutory pensions, health insurance, accident and occupational disease insurance, income security for the unemployed, family benefits and public health-care services.

The main features of social security in the year 2000 are described below:

- Health care and health insurance
  - A. Public health care services
  - B. Health insurance
- Occupational accidents and diseases
- Rehabilitation
- Statutory pension schemes
  - A. Invalidity pensions
  - B. Survivors’ pensions
  - C. Unemployment pension
  - D. Old-age pensions
  - E. Pension rates
  - F. Pension claim procedure and appeals
- Unemployment benefits
  - A. Unemployment benefit
  - B. Labour market support scheme
- Parental allowances
- Survivor’s benefits
  - A. Child allowance
  - B. Maternity grant
- Contact addresses

1. Organisation of social security

The Ministry of Social Affairs and Health is responsible for social security legislation and general development of the social-security system. The system is run by a variety of organisations. A particular feature of the social insurance system is that some aspects of it are handled by private insurance companies.

The social-security system based on residence is administered by the Social Insurance Institution (Kela), which is an autonomous body under public law. The administration of the Institution is under the direct supervision of the Finnish Parliament.

Local authorities are responsible for health-care services.

Employment pension insurance for private sector employees is handled by pension insurance companies, pension funds and pension foundations. The Central Pension Security Institute (ETK) is the coordinating agency for employment pension insurance. International pension and insurance matters also fall within its jurisdiction. The pension funds and pension foundations, moreover, administer supplementary insurance for statutory social-security cover. Insurance and pension institutions are supervised by the Insurance Supervision Authority.

The pension schemes of State employees are administered by the State Treasury and those of local authority employees by the Local Government Pension Institution.

The accident insurance institutions are responsible for the accident and occupational disease insurance of private sector employees. The State Treasury administers the accident insurance of State employees. The Federation of Accident Insurance Institutions is the umbrella organisation. Its activities include acting as the place of residence and place of stay institution, in accordance with Finland’s international obligations.

The Social Insurance Institution (Kela) is responsible for basic unemployment provision. Unemployment funds, working in conjunction with trade unions, are responsible for the administration of earnings-related unemployment benefit. Membership of such funds is voluntary.

Appeals may be brought against social-security decisions. The appeal procedure and appeal authorities for the various benefits are set out below.

Entitlement to social security

All persons permanently resident in Finland are entitled to social security. Residents of Finland are covered for pensions (national pension), health-care services and health insurance, parental allowances, family benefits and unemployment benefit. Further conditions are attached to the award of some benefits to persons resident in the country, relating mainly to duration of residence.

Some social-security benefits are based on employment. The employment pension scheme and accident and occupational disease insurance are areas of social security based exclusively on employment.
Finland

2. Health care

A. Public health-care services

All persons residing in Finland are entitled to basic health care and hospital services. Local authorities are responsible for health-care services. The services which the local authorities have a duty to provide are laid down by law. A local authority may organise services itself, in association with other local authorities or by purchasing them from another local authority or from other public or private service-providers. Services organised by the local authority include health education, medical treatment, rehabilitation, mental health care, transportation of patients, dental care, health care in schools, student health care, occupational health care, and screening and mass examinations. Access to local authority dental care may be limited.

Public health-care services are primarily provided by health centres and hospitals. Health services are provided first and foremost for the people residing in the local authority area concerned. Health centres provide treatment at general medical practitioner level. The health centre practitioner or a private doctor refers patients to a specialist at a hospital when necessary. In an emergency patients are admitted to hospital without referral. The possibility of patients consulting a doctor of their choice varies according to the local authority and health centre concerned. Generally speaking, patients go to the nearest hospital.

As a general rule, Finnish health centres charge a health centre fee. The fee is either EUR 20.18 (FIM 120) per year or EUR 10.09 (FIM 60) per visit but is charged only for the first three visits (that is, a total of EUR 30.27 (FIM 180)). The outpatient fee in hospitals is EUR 20.18 (FIM 120) per visit and the daily hospital charge is EUR 22.71 (FIM 135) per day. If the patient is in hospital for at least three days, an additional basic amount of EUR 25.23 (FIM 150) is charged. In the main, fees charged to long-term patients are determined on the basis of income.

If the patient has paid fees of EUR 588.66 (FIM 3500) for 12 months (in 2000), this forms the upper limit and services included are thereafter free of charge. EUR 11.77 (FIM 70) per day may, however, be collected for short-term institutional care (under three months).

B. Health Insurance: Benefits in kind

All persons residing in Finland are covered by the health-insurance system. Health insurance mainly covers the health-care costs of the private sector, outpatient medicines, and travel costs incurred in connection with sickness, as well as cash benefits for sickness, maternity and paternity.

Doctors’ fees, examination and treatment

The health-insurance scheme reimburses a proportion of a private medical practitioner’s fees and the cost of the treatment provided by nurses, special health-care nurses and physiotherapists and includes examination by a psychologist and a laboratory nurse, and renal haemodialysis given in an outpatient department.

An official schedule of rates governs the reimbursement of doctors’ fees, medical examination and treatment costs. The rates specify the proportion of the fee which the Social Insurance Institution will accept as a basis for reimbursement. In the case of doctors’ fees, 60% of the official rate is reimbursed. Examination and treatment costs are reimbursed up to 75% of the official rate over and above the patient’s share of the costs (EUR 11.77 (FIM 70) in 2000) for each prescription.
Dental care costs are reimbursed to persons born in 1946 or thereafter (from 1 April 2001). Dentists’ fees, examinations prescribed by dentists as well as medicines and travel expenses are reimbursed in accordance with the same principles applicable in the case of other medical treatment prescribed or carried out by a medical practitioner. The amount reimbursed is equivalent to 75 % of the official rate for a dental examination and for preventive treatment carried out by the dentist and 60 % for other treatment. For older age groups, dental care costs are reimbursed only if such care is indispensable for the treatment of some other disease.

- **Medicines, basic creams and clinical nutritive preparations**

The health-insurance scheme reimburses, either in part or in full, all medicines prescribed by a doctor for the treatment of an illness. Reimbursement for medicines falls into three categories and in all categories patients must pay a fixed sum as their share of the costs. The amount reimbursed is calculated on the basis of each purchase and for each category separately. In addition, the cost of clinical nutritive preparations, or any other similar product used in the treatment of certain serious illnesses is reimbursed, as is the cost of basic creams used to treat persistent skin diseases.

In the case of medicines prescribed by a doctor, the basic amount which can be reimbursed is 50 % for any amount exceeding the patient’s share of the costs (EUR 8.41 (FIM 50) in 2000) for each purchase. For certain serious and prolonged illnesses the refund granted will amount to 75 or 100 % of the total sum after the patients share of the costs (EUR 4.20 (FIM 25) in 2000) is taken into account.

There is an annual limit set on the medical costs which the client is expected to pay (EUR 558.7 (FIM 3 319.91) in 2000). When this limit is exceeded, the amount over and above the limit is refunded in full.

- **Compensation for travel costs**

For each one-way journey, any amount exceeding the personal liability (EUR 7.57 (FIM 45) in 2000) will be reimbursed. The journey may cover a visit to receive treatment or the medical specialist’s visit to the patient. If, during a calendar year, travel costs exceed the so-called annual personal liability (EUR 151.37 (FIM 900) in 2000), the part in excess is refunded in full.

- **Sickness allowance**

A sickness allowance calculated on a daily basis is paid to an employed or self-employed person aged between 16 and 64. Entitlement to an allowance commences when the illness has lasted for nine working days (not counting the day on which the person fell ill). The sickness allowance is paid for a maximum of 300 working days.

The allowance is generally determined according to the insured person’s declared and validated earned income or on the basis of his/her earned income over a six-month period. The amount of the allowance increases in line with earnings. The allowance is treated as taxable income. If there is no earned income, the insured person can be paid a means-tested allowance (a maximum of EUR 10.09 (FIM 60) per day in 2000) when s/he has been unfit for work for 60 days. The means test takes into account any other income of the insured person and his/her spouse.

- **How to claim health-insurance benefits**

Claims for these benefits should be submitted to the local office of the Social Insurance Institution or to the workplace fund, in the case of fund members. Claims for reimbursement of medical treatment expenses should be submitted within two months of payment of the fee or charges.

- **Appeal procedure in matters relating to health insurance**

It is always possible to appeal against a decision concerning a health-insurance matter. The appeal should be lodged with the local office of the Social Insurance Institution or the workplace fund, which will investigate whether the decision can be revised. If these bodies cannot revise the decision, the appeal will be dealt with by the social insurance board of the relevant insurance district. An appeal against a decision made by the social insurance board may be lodged with the supervisory board.

3. **Occupational accidents and diseases**

Statutory accident insurance in Finland is the principal occupational accident and disease compensation scheme in relation to health insurance and statutory pension cover.

Accident insurance entitles the employee to compensation for financial loss caused by an accident at work or an occupational disease. By law, in Finland, accident insurance is administered by private insurance companies. An insurance company cannot refuse to grant and implement insurance lawfully requested from it. Accident insurance for self-employed farmers is handled by the Farmers Social Insurance Institution. Persons employed by the State receive their accident benefits from the State Treasury.

Employers have an obligation to insure their employees, if the number of working days
required by the employer exceeds 12 days in a calendar year. If the employer disregards his statutory obligation to insure his/her employees, or if he has no obligation to provide insurance, the injured employee will still be entitled to benefits in accordance with the Accident Insurance Act. These matters are dealt with by the Federation of Accident Insurance Institutions, which also pays the benefits.

In accordance with the Accident Insurance Act, entitlement to benefits is based on contractual employment in the private or public sector or civil service in the public sector. The insurance covers accidents at work and occupational diseases. An accident at work is understood to be an event which has befallen the employee at work or in work-related conditions on the way to or from work or whilst carrying out duties/errands for the employer. An occupational disease is taken to mean an illness which, in all likelihood, has primarily resulted from physical, biological or chemical factors inherent in the work.

- Insured persons

Accident insurance covers all persons in contractual employment in the private or public sector or civil servants in the public sector, excluding members of the employer's family, and the company's executive personnel who, alone or together with members of their family, own a maximum of 50% of the company's share capital. Students engaged in practical training are usually also insured. As a general rule accident insurance also remains effective when employees are sent on a work assignment abroad.

Although self-employed persons, members of their families and the abovementioned executive personnel do not fall within the scope of compulsory accident insurance, they can take out voluntary insurance, under the Accident Insurance Act, and this carries the same benefits as the compulsory insurance scheme.

- Compensation

Statutory accident insurance provides compensation to cover essential medical treatment and loss of earnings. A short-term incapacity benefit is payable on a daily basis for a maximum period of one year. For the first four weeks following the accident the benefit is the equivalent of the wage and salary payable during the period of illness. After that time, the benefit is 1/360 of the disabled person's annual earnings. Annual income is normally determined on the basis of level of income at the time of the accident.

If the injured person's disability persists for a period of one year after the occurrence of the accident, the injured person will receive a pension in respect of an accident at work. The amount of the accident pension for a fully disabled employee is 85% of his/her annual earnings until the age of 65, after which the pension will be 70% of annual earnings.

A partial allowance and partial occupational accident pension may also be payable in the event of partial incapacity for work. The allowance and pension are taxable. Medical treatment refunds are tax-free.

A disability allowance is also paid to a disabled person for consequential permanent incapacity caused by injury or illness. The disability allowance is a tax-free benefit. In the event of death, a death grant and a survivor's pension will be paid to the widow(er) and to the children of the deceased person if they are under 18 or, in the case of students, under 25. The survivors' pension is taxable.

Medical and vocational rehabilitation costs are also covered by accident insurance. The purpose of rehabilitation is primarily to promote the return of the disabled person to appropriate employment and to make it easier to carry out his/her normal daily functions. All reasonable costs incurred during rehabilitation as well as loss of earnings are reimbursed to the person concerned. Generally speaking, the benefits take the form of an accident pension.

- How to claim compensation

The employee must inform the employer immediately after the accident, in order to obtain an insurance certificate from him/her. On presenting the certificate the employee will receive the necessary treatment and medicines prescribed by a doctor and the cost will be borne by the accident insurance institution. The employer must report the accident to an insurance institution so that benefits proceedings may commence.

- Appeals

If the claimant is not satisfied with the decision handed down by an insurance institution, he can lodge an appeal with the accident compensation board. The insurance institution also has the right to revise its own decision. A decision of the accident compensation board may be referred to the insurance court and, in certain cases, the decision of the insurance court may be referred to the supreme court.

4. Rehabilitation

Rehabilitation programmes are organised by the Social Insurance Institution, public health care, employment pension institutions and labour administration authorities.
Rehabilitation organised by the Social Insurance Institution

To be eligible for rehabilitation organised by the Social Insurance Institution, the person concerned must have a specific handicap preventing him/her from working or carrying out his/her normal daily functions. The specific handicap may be as a result of illness or injury which rehabilitation may reduce or eliminate. Rehabilitation consists of vocational rehabilitation for the moderately handicapped and medical rehabilitation for the severely handicapped. In addition, the Social Insurance Institution may organise, at its discretion, other forms of vocational and medical rehabilitation within the framework of an annually assessed allowance. Costs resulting from rehabilitation are normally paid direct to the organisers.

A rehabilitation allowance is paid for the rehabilitation period, if the purpose of the rehabilitation is to enable the person concerned to remain in active employment, to return to work or to enter the labour market. The amount of the rehabilitation allowance is generally determined in the same way as the allowance provided by the health-insurance scheme. The rehabilitation allowance is treated as taxable income.

A claim for rehabilitation and for the rehabilitation allowance should be submitted to the local office of the Social Insurance Institution. Any appeal against the decision can be lodged with the supervisory board whose decision may be referred to the insurance court.

Rehabilitation organised by employment pension institutions

When necessary, employment pension institutions may arrange for rehabilitation in order to prevent invalidity or to improve a person's working and earning ability and to facilitate his/her return to employment. Rehabilitation arranged by employment pension institutions consists principally of vocational rehabilitation. It may be reinforced by medical rehabilitation.

Employment pension institutions pay the insured a rehabilitation allowance for the months that s/he is unable to work during rehabilitation. A retired person undergoing rehabilitation receives an increased pension during the rehabilitation period.

5. Statutory pension system

The Finnish statutory pension system consists of an employment pension and national pension. Invalidity, unemployment, survivors’ and old-age pensions are benefits under these schemes.

The purpose of an employment pension is to maintain the living standard which a person in paid employment or self-employed enjoyed while s/he was working. The employment pension system is based on a number of different Acts, the main one being the Employment Pensions Act (TEL). Self-employed persons, seamen and civil servants have their own pension laws.

The award of a national pension is based on residence. It guarantees a minimum subsistence income for a pensioner who has no other pension or whose other pension cover is small. The national pension rate is reduced when the employment pension income increases and no national pension is payable when the employment pension is above a certain amount.

There are relatively few voluntary supplementary pension schemes in Finland as all wage/salary earners and self-employed persons fall within the scope of the employment pension system. There is no upper limit for pensionable income under the employment pension system and no upper limit for the amount of the pension.

A. INVALIDITY PENSIONS

Employment pension scheme

Long-term loss of income resulting from incapacity for work is covered by a variety of invalidity pensions: invalidity pension, rehabilitation grant, partial invalidity pension and individual early retirement pension.

The full invalidity pension and rehabilitation grant generally start when payment of daily allowances under the health-insurance system ceases. Other invalidity pensions can start without a daily sickness allowance period.

An invalidity pension is paid to an employed or self-employed person of under 65 whose ability to work has been impaired because of illness, defect or injury. If a person's ability to work has been reduced by at least three fifths, the pension is granted in full. If working ability has been reduced by at least two fifths, a partial pension is granted. An invalidity pension can be granted temporarily or for a fixed term.

The basis for determining incapacity is a report on the claimant's state of health. In assessment of inability to work, account is taken not only of the medical report but also of the person's education, work experience, age and job opportunities.

The invalidity pension is paid in the form of an invalidity pension or an individual early retirement pension. The individual early retirement pension is paid to persons of 60–64 who have been in gainful employment for a long time and whose ability to work has been permanently impaired. For those born in 1943 or before the age limit is 58. The pension is granted on a
temporary basis and the amount is the same as the full invalidity pension.

A rehabilitation grant is paid to a person who is unfit for work and whose injury or disease is thought likely to be cured through therapy or rehabilitation. For a grant to be awarded the person must have been unfit for work continuously for at least one year and should have a therapy or rehabilitation plan. The grant can be withdrawn if there is a change in capacity for work or if the recipient refuses rehabilitation without good reason.

- **National pension scheme**

A person aged between 65 and 64 residing in Finland or another Member State who is unable to work is eligible for an invalidity pension. Eligibility for the pension or the amount of the pension is not based on the person’s employment history or insurance contributions but rather on residence in Finland.

The invalidity pension is paid in the form of an invalidity pension or an individual early retirement pension. Finnish citizens or citizens of a Member State qualify for an invalidity pension under the national pension scheme if they have lived in Finland for a minimum of three years in all after the age of 16. Citizens of other countries are entitled to a pension after living in Finland for five years preceding commencement of the pension. A person under 21 who has become disabled whilst living in Finland receives the pension with the qualifying period.

A person is eligible for an invalidity pension if, owing to illness, defect or injury, s/he is unable to do his/her usual work or comparable work. The blind, those incapable of movement or in need of constant attendance are always considered disabled.

An invalidity pension is generally granted when a claimant has been receiving the daily sickness allowance for 300 days. If the person is not eligible for the sickness allowance, the pension cannot start until the end of the maximum period for payment of the allowance.

The conditions for award of the rehabilitation grant and individual early retirement pension are the same as they are under the employment pension scheme.

**B. SURVIVORS’ PENSIONS**

- **Employment pension scheme**

A widow/widower is entitled to a survivor’s pension, provided that the marriage took place before the deceased person (through whom the benefit is derived) had reached the age of 65. Under certain circumstances a former spouse also has a right to a widow’s/widower’s pension.

A widow/widower is always entitled to a pension if the couple has or has had a child. If the couple has not had a child, the following conditions apply:

- the widow/widower is aged at least 50 at the time of the spouse’s death;
- the widow/widower has been receiving an invalidity pension for a minimum period of three years.

In addition, the marriage must have taken place before the widow/widower reached the age of 50 and it must have lasted for a minimum of five years. The widow/widower’s pension stops if she/he remarries before the age of 50. She/he will then receive a lump sum equal to three years’ pension.

- **National pension scheme (general survivors’ pension)**

A widow/widower is entitled to the pension on condition that:

- the deceased was under 65 at the time of the marriage;
- the widow/widower is under 65 and does not receive a national pension;
- the person through whom the pension is derived has resided in Finland for the required qualifying period after the age of 16: three years for citizens of Finland and the Member States and five years preceding the date of death for others;
- the widow/widower is resident in Finland or another Member State;
- the widow/widower has or has had a child with the deceased. If the couple have not had a child together, the pension may be granted only if the widow/widower was at least 50 at the time of the spouse’s death and the marriage had taken place before the widow/widower had reached the age of 50 and had lasted for a minimum period of five years.

The widow/widower’s pension is paid in the form of an initial pension for six months and thereafter as an interim pension. The interim pension ceases when the widow/widower reaches the age of 65 or starts to receive her/his own State pension. The pension also ceases if the widow/widower remarries before the age of 50. She/he will then receive a lump sum equal to three years’ pension.

- **Child’s pension**

Under the Employment Pensions Act, a child of under 18 is entitled to a child’s pension. The pension is paid to the deceased person’s own child, adopted child and to a child of the widow/widower, provided that the child lived in the same
household. A child who was born outside the marriage and recognised is considered equal to a child born within the marriage. A foster child is not entitled to a pension.

A child’s pension, under the national pension scheme, is paid to a partial or full orphan under 18 resident in Finland or another Member State. A student receives a child’s pension until the age of 21. A full orphan (a child who has lost both parents) receives separate pensions derived from each parent.

C. UNEMPLOYMENT PENSION

An unemployment pension is paid under both the employment pension scheme and the national pension scheme.

An unemployment pension is paid to an unemployed person over 60 on the condition that:
— she/he has received unemployment benefit for the maximum period;
— she/he has been in gainful employment for at least five years within the preceding 15 years;
— she/he cannot be assigned work refusal of which would lead to loss of entitlement to unemployment benefit.

D. OLD-AGE PENSIONS

The normal age of retirement is 65 years. When the person concerned reaches the age of 65, invalidity, unemployment and individual early retirement pensions are converted into an old-age pension without a separate claim.

Upon reaching the age of 60 an employee may obtain an early retirement pension before the normal retirement age. The pension paid in this case is reduced and is also reduced after the person has reached 65. Retirement may be deferred beyond the normal age of retirement, in which case the amount of the pension is increased.

A person resident in Finland or another Member State who has reached the age of 65 is entitled to an old-age pension under the national pension scheme. Citizens of Finland and other Member States must have lived in Finland for a minimum period of three years after the age of 16. A citizen of another country is entitled to receive a pension after living in Finland for the five years preceding the commencement of the pension.

The employment pension scheme also includes a part-time pension for insured persons of 58 who are transferred to part-time work and are not in receipt of any other statutory pension. The recipient of a survivors’ pension may also be eligible for a part-time pension. The age limit has temporarily been reduced to 56 up to the end of 2002. The pension rate is 50 % of the difference between earnings for full-time and part-time work.

E. PENSION RATES

• Employment pension rate

Under the employment pension scheme, a period of employment from the age of 23 to 65 entitles a person to an old-age pension. Persons under 23 may be entitled to an invalidity pension and the members of their families to a survivors’ pension.

If entitlement to a pension arises while a person is still at work or one year after s/he has stopped working, the period from the date of retirement (for example, the beginning of the invalidity pension) until the date on which the person reaches retirement age is regarded as a pensionable period for purposes of calculation of individual early retirement, invalidity, unemployment and survivors’ pensions.

The pension is calculated separately for each employment relationship or period of self-employment. The amount of the pension is calculated on the basis of the actual time worked and past earnings. The pension entitlement accrues at the rate of 1.5 % for each year worked. The accrual rate of the pension of a person of 60 is 2.5 %. The maximum overall pension is 60 % of the wages/salary earned over a 40-year period.

The pensionable income is based, as a general rule, on the last 10 years of each employment relationship. This new method of calculation will be introduced gradually. It will be fully operational by the year 2006. The pensionable income of a self-employed person is the weighted average over the person’s whole career in self-employment.

The survivors’ pension is based on the pension received by the deceased or the pension the deceased would have received if he/she had become unable to work on the day of his/her death. The widows/widower’s pension and the child’s pension together cannot exceed the deceased person’s pension. The widow’s/widower’s own employment pension and income will affect the widow’s/widower’s pension rate. They will not, however, affect the survivors’ pension rate, for as long as the widow/widower has children under 18. The widow’s/widower’s pension is always paid without coordination for the first six months (‘initial pension’) if the widow/widower is under 65.

• National pension rate

Old-age, invalidity, rehabilitation and individual early retirement pensions under the national pension scheme are payable only if the person receives no other pension or the pension is small. For purposes of the national pension, pensions
paid by Finland and other countries and pension equivalents are regarded as income. The widow’s/widower’s pension rate is affected not only by income from pensions but also by earnings and income from property. The pension is not paid if other income exceeds a certain level. Pensions payable by other Member States, under Regulation (EEC) No 1408/71, on the basis of the same person’s insurance, are not taken into account. Care and housing allowances may also be included in the pension.

The national pension rate depends also on the length of residence in Finland between the ages of 16 and 65. A full old-age pension is paid to a person who has lived in Finland for at least 40 years. A full invalidity pension is paid to a person who has lived in Finland 80% of the time between the age of 16 and the starting date of the pension. A person under 21 who has become unable to work whilst residing in Finland will always receive a full pension, regardless of the period of residence. Care and housing allowances may also be included in the pension.

The widow’s/widower’s pension consists of a basic amount and an additional amount. The initial pension always includes the basic rate and a standard additional amount. Eligibility for a supplement in excess of the standard additional amount depends on the widow’s/widower’s income, means and family circumstances. The interim pension includes the basic amount only if the widow/widower is caring for a child under 18. The interim pension supplement depends on the widow’s/widower’s income. The initial and interim pension rates depend also on the deceased’s period of residence in Finland. A housing allowance may also be included in the widow’s/widower’s pension.

The child’s pension always includes the basic amount. A supplement may also be payable. The amount of the supplement depends on other survivors’ pensions received by the child. Children aged from 18 to 20 receive only the basic amount.

F. PENSION CLAIM PROCEDURE AND APPEALS

The same application covers claims for employment and national pensions. The application is sent to the office of the social insurance institution or the employment pensions institution.

Approved invalidity and individual early retirement pensions are converted into old-age pensions without a separate claim.

Appeals against employment and national pension decisions may be lodged with the institution responsible for the decision, which will investigate the possibility of revising it. If this body cannot revise the decision, the employment pension institution will submit the appeal to the pensions board and the social insurance institution supervisory board for investigation. The decision of the pensions board and the supervisory board may be referred to the insurance court.

6. Unemployment benefits

A. UNEMPLOYMENT BENEFIT

An unemployment benefit is paid by the Social Insurance Institution, either in the form of a basic daily allowance (EUR 20.52 (FIM 122) in 2000) or by an unemployment fund, in the form of an earnings-related allowance. The earnings-related allowance is calculated on the basis of the worker’s confirmed monthly wages or salary for the 10 months preceding unemployment. Membership of an unemployment fund is voluntary.

- Qualifying conditions

An unemployment allowance is paid to unemployed job seekers aged between 17 and 64 who were employed for at least 26 weeks during the 43 months preceding unemployment. Self-employed persons are eligible for the allowance, provided that they have worked in a self-employed capacity for a period of 24 months out of the previous 48 months preceding unemployment and their business activity has been deemed economically valid.

An earnings-related daily allowance is paid to employees who were members of an unemployment fund for a minimum period of 10 months before the start of unemployment and who, during that membership period, fulfilled the conditions relating to the period of employment. A self-employed person must have been a member of an unemployment fund for self-employed people for 24 months.

- Duration

The basic daily allowance is paid after a person has been an unemployed job seeker registered with the Employment Office for a total of seven working days. The daily allowance is paid for five days per week for a maximum period of 500 working days. When the unemployed job seeker who satisfies the conditions relating to the period of employment reaches the age of 57 before but has not been in receipt of allowance for the full period of 500 days, she/he will retain his/her entitlement to the allowance until the age of 60.

The allowance is treated as taxable income.

B. LABOUR MARKET SUPPORT SCHEME

An unemployed person aged between 17 and 64 resident in Finland is entitled to a labour market support allowance if she/he:
— has received the unemployment allowance for the maximum period;
— does not meet the conditions relating to the period of employment.

A person entering the labour market for the first time must complete the qualifying period of three months. The waiting period does not apply to persons who have trained at a vocational or professional institution.

The labour market support allowance is a means-tested benefit equal to the basic unemployment allowance. Means testing takes into account the person’s own income in full and the income of his/her spouse for the rate exceeding a certain limit. The means-tested labour market support allowance is paid without a time limit.

The labour market support allowance is paid without means testing for 180 days after the unemployment allowance has been paid for a maximum of 500 days.

An unemployed person living in his/her parental household and who does not fulfil the conditions relating to the period of employment receives 60% of the means-tested labour market support allowance.

**Claims procedure and appeals**

Claims for the basic daily allowance and labour market support should be submitted to the local office of the Social Insurance Institution and claims for the earnings-related allowance to the unemployment fund of which the claimant is a member. The Employment Office will give the Social Insurance Institution and the unemployment fund a binding statement linking the benefit conditions with overall manpower policy.

Job seekers from other EU countries who exercise their right to look for work in Finland should register with the employment office and apply at the local office of the Social Insurance Institution to have their unemployment benefit paid to them.

 Appeals against unemployment benefit decisions made by the Social Insurance Institution or unemployment fund may be lodged with the office or fund responsible for the decision, which will investigate the possibility of revising the decision. If these bodies cannot revise the decision, the appeal will be dealt with by the unemployment appeal board. The decision of the board can be referred to the insurance court.

### 7. Parental benefits

Mothers are entitled to maternity and parental allowances and fathers to paternity and parental allowances, provided that they have been covered by social-security legislation in Finland for a minimum period of 180 days preceding the expected date of delivery. Insurance periods in other Member States are taken into account in assessment of whether these conditions have been fulfilled. Maternity and parent’s allowances are paid for a total of 263 working days. The period is extended by 60 working days if more than one child was born at the same time.

Maternity allowances are paid to mothers for the first 105 days. Entitlement to maternity allowances commences 50–30 working days before the expected date of delivery. Parental allowances are paid for the following 158 working days to the mothers or, alternatively, to the fathers if they stay at home to care for the child. The parental allowance cannot be paid simultaneously to both parents. The parental allowance is paid also to parents who adopt a child of under seven.

Mothers are entitled to special maternity allowances during their pregnancies if any chemical substance, radiation or infectious disease connected with their work or the conditions of their work is considered likely to endanger the development of the foetus or harm their pregnancies. This applies if they cannot be transferred to other duties.

Fathers are entitled to paternity allowances for six consecutive days during the period of maternity or parental allowance. Paternity allowances can also be paid to the fathers of newborn children for between six and 12 working days.

The amount of the maternity and parental allowance is otherwise the same as that of the sickness allowance, but the minimum amount is higher (EUR 10.09 (FIM 60) in 2000). Parents may receive a special care allowance if they participate in the care or rehabilitation of their child of 16 in a hospital or, under certain circumstances, at home. The special care allowance is usually paid for a maximum of 60 working days per child during the calendar year. The amount of the special care allowance is the same as that of the sickness allowance.

Parental allowances are treated as taxable income.

**Claims procedure and appeals**

Claims for these benefits should be submitted to the local office of the Social Insurance Institution or to the workplace fund, in the case of fund members. The maternity allowance must be applied for within two months preceding the expected date of delivery and the paternity allowance should be applied for within two months of the intended date of commencement. Claims for parental allowance must be submitted one month before commencement.

It is possible to appeal against a decision concerning the parental allowance. Appeals
should be submitted to the local office of the Social Insurance Institution or workplace fund responsible, which will investigate the possibility of revising the decision. If these bodies cannot revise the decision, the appeal will be dealt with by the social insurance board of the relevant insurance district. An appeal against a decision made by the social insurance board may be lodged with the supervisory board.

8. Child benefits

A. CHILD ALLOWANCE

A child allowance is paid for a child resident in Finland until the age of 17.

In 2000 the monthly child allowance for one child is EUR 89.98 (FIM 535), for the second EUR 110.50 (FIM 657), for the third EUR 131.02 (FIM 779), for the fourth EUR 151.54 (FIM 901) and for the fifth and each subsequent child EUR 172.06 (FIM 1 023). The child allowance is a tax-free benefit.

Claims procedure and appeals

Child allowance claims should be submitted to the local office of the Social Insurance Institution. Any decision of the Social Insurance Institution may be challenged before the social insurance board of the relevant insurance district. Its decision may be referred to the supervisory board.

B. MATERNITY GRANT

A woman resident in Finland who has been pregnant for at least 154 days and who has had a medical examination during the first four months is entitled to a maternity grant. The adoptive parents of a child of under one year are also entitled to a maternity grant.

The maternity grant is awarded, according to the wishes of the mother, either in cash or in the form of a maternity pack. In 2000 the cash grant was EUR 127.82 (FIM 760) per child. The maternity pack contains an assortment of child-care requisites and clothes. The maternity grant is a tax-free benefit.

Claims procedure and appeals

Maternity grant claims should be submitted to the Social Insurance Institution within two months of the estimated date of birth. In the case of an adopted child, the claim should be submitted before the child is a year old.

A maternity grant claim may be made in the same application as maternity, paternity and parental benefits and child allowances.

9. Further information

Kansaneläkelaitos (Social Insurance Institution)

Enquiries concerning individuals
Local office of the Social Insurance Institution at place of residence or domicile

Other matters
Nordenskiöldinkatu 12
PL 450,
FI-00101 Helsinki
Tel. (358-20) 434 11
Fax (358-20) 434 50 58
E-mail: international.affairs@kela.fi
Internet: http://www.kela.fi

Eläketurvakeskus (Central Pension Security Institute)

FIN-00065 Eläketurvakeskus
Tel. (358-9) 15 11
Internet: http://www.etk.fi

Tapaturmavakuutuslaitosten liitto (Federation of Accident Insurance Institutions)

Bulevardi 28
FIN-00120 Helsinki
Tel. (358-9) 68 04 01
E-mail: tvl@vakes.fi
Internet: http://www.tvl.fi

Työeläkelaitokset (Employment pension institutions):

Eläke-Fennia
FIN-00041 Eläke-Fennia
Tel. (358-10) 50 31

Eläke-Tapiola
PL 30,
FI-02101 Espoo
Tel. (358-9) 45 31

Varma-Sampo
FIN-00098 Varma-Sampo
Tel. (358-10) 515 13

Ilmarinen
FIN-00018 Ilmarinen
Tel. (358-9) 18 41

Pensions-Alandia
PB 121,
FI-22101 Mariehamn
Tel. (358-18) 290 00

Verdandi
PL 133,
FI-20101 Turku
Tel. (358-10) 550 10

Eläkekassat ja eläkesäätiöt (The pension funds and pension foundations of employers), address as relevant employer
Esiintyvien taiteilijoiden ja eräiden erityisryhmien eläkekassa (Performing artists, etc.)
PL 20,
FIN-00241 Helsinki
Tel. (358-9) 150 61

LEL Työeläkekassa
PL 20,
FIN-00241 Helsinki
Tel. (358-9) 150 61

Maatalousyrittäjien eläkelaitos (Farmers’ Pension Institute)
PL 16,
FIN-02101 Espoo
Tel. (358-9) 435 11

Merimieseläkekassa (Seamen’s pension fund)
PL 327,
FIN-00121 Helsinki
Tel. (358-9) 22 85 11

Kirkon keskusrahasto (Kirkkohallitus) (Church administration)
PL 185,
FIN-00161 Helsinki
Tel. (358-9) 180 21

Kuntien eläkevakuutus (Local Government Pensions Institution)
PL 425,
FIN-00101 Helsinki
Tel. (358-9) 185 71

Valtiokonttori (State Treasury)
PL 77,
FIN-00531 Helsinki
Tel. (358-9) 772 51

Vakuutusvalvontavirasto (Insurance Supervisory Authority)
PL 449,
FIN-00101 Helsinki
Tel. (358-9) 415 59 50
1. Introduction

The general social insurance scheme in Sweden covers the following:
- sickness insurance (Section 2);
- insurance against accidents at work (Section 3);
- invalidity benefits (Section 4);
- old-age pensions (Section 5);
- survivors’ pensions (Section 6);
- unemployment benefit (Section 7);
- family benefits and parental insurance (Section 8).

Contributions

The social insurance system is financed through taxes and social-security contributions. A large proportion of the cost is covered by employers’ contributions, which currently total 32.82% of the wage sum. The self-employed pay contributions amounting to 31.01% of their income base.

You have to pay a certain contribution towards pension insurance, which amounts to 7% of your earnings, up to a certain level. Your employer deducts this from your earnings and pays it to the tax authority. If you are a member of an unemployment fund, you have to pay a certain contribution directly to the fund yourself.

Employers’ contributions are lower for people over 65 years of age.

Who is insured?

General insurance cover is compulsory for anyone living in Sweden. An exception is unemployment insurance (see Section 7).

Social insurance is divided into residence-based insurance, which covers minimum benefit payments and allowances, and unemployment-based insurance covering loss of income. Both types of insurance apply equally to all persons living/working in Sweden.

Anyone coming to Sweden is deemed to be resident if it can be assumed that their stay will exceed one year. Swedish residents who leave the country are still regarded as resident if it can be assumed that their stay abroad will not exceed one year.

Qualifying conditions

There is no waiting period before becoming entitled to benefits. In the case of parental insurance and unemployment insurance, there are some conditions as regards the period of insurance (see Sections 2 and 7). As regards invalidity benefits, old-age pensions and survivors’ pensions, there are some qualifying rules requiring a certain period of residence or level of earned income (see Sections 4, 5 and 6).

How do I go about obtaining benefits?

In order to obtain benefits, you should in most cases register with the insurance fund at your place of residence, which is responsible for most social-security benefits. If you wish to obtain unemployment benefit, you should contact the employment service (see Section 7).

If you have a job but are unable to work because you are sick, you should inform your employer accordingly (see Section 2 below). In order to obtain medical treatment or medicines, you should go directly to a doctor, dentist or other provider of medical services, or to a chemist. The charges incurred are not reimbursed.

If you suffer an accident at work or contract an occupational disease, you should inform your employer, who will then notify the insurance fund. The self-employed must notify the insurance fund themselves. Students must inform the educational establishment they are attending, which will then inform the insurance fund. See also Section 3.

Appeals

If you do not agree with a decision taken by an insurance or unemployment fund, you can request a review of the decision. A new decision is then taken. If the new decision is also unacceptable to you, you can lodge an appeal with the county administrative court. If you consider that this court’s ruling is also incorrect, you can lodge a further appeal with the administrative court of appeal. In certain cases, even a ruling of the court of appeal may be challenged at the supreme administrative court.

2. Sickness and maternity

A. MEDICAL TREATMENT

This mainly encompasses treatment by doctors, hospital treatment, physiotherapy and other medical treatment, dental treatment and medicines.

Sweden has a regionalised medical service which is for the most part separate from the social insurance scheme. Each county must ensure that everyone living there has access to good medical treatment.
Medical treatment is mainly provided by the county authority, although there are also some doctors in private practice who have a contract with that authority. Some medical services are also provided by the local authorities under Swedish health and medical services legislation. This applies first and foremost to the treatment of old people in sheltered accommodation whose condition is such that they require medical care.

The counties finance medical treatment through taxation of their region's population and to a certain extent by means of State subsidies and patients' contributions.

- **Treatment by doctors etc.**

If you fall ill and need to consult a doctor under the State health scheme, the county meets most of the costs involved. You have to pay a nominal charge yourself, which ranges from SEK 100 to 250.

Most doctors are employed by the county, but a significant percentage are in private practice, especially in the larger towns and cities. If you consult a doctor in private practice who is linked to the State scheme through a contract with the county authority, the charge to you is the same as for treatment under the State scheme.

If you consult other treatment providers, such as district nurses or physiotherapists, you will pay a charge of up to SEK 100.

If you have to be admitted to hospital, you will pay a fixed charge (currently a maximum of SEK 80) for each day of your stay.

Charges to patients are not reimbursed by the insurance funds.

Normally, no charges are made for preventive treatment for mothers and children, including advice on birth control.

- **Travelling to receive treatment**

The health authority is responsible for reimbursing travel costs incurred in connection with obtaining medical treatment. Reimbursement is calculated on the basis of principles established by the health authority.

- **Medicines and other pharmaceutical products**

If a doctor gives you a prescription, you have to pay the total cost of medicines up to SEK 900. You then pay half the cost between SEK 900 and 1 700. If the total cost is more than SEK 1 700, you pay 25 % of the cost between SEK 1 700 and 3 300 and then 10 % of cost between SEK 3 300 and 4 300. This means that if your total expenditure on medicines, that is, your own contribution plus the subsidy, exceeds SEK 4 300 over a 12-month period, you will not have to pay any further charges for the rest of the 12-month period. This protects you against high costs and means your total spending on medicines will not exceed SEK 1 800 over a 12-month period. The cost of colostomy bags prescribed by a doctor is also covered. Disposable items needed for administering medicines are free of charge.

If you buy non-prescription medicines, you must pay the full price. The same applies if a doctor prescribes you a medicine for which there is no reimbursement under the insurance scheme.

Some special foods for children under 16, such as those with a gluten allergy, can be obtained at a reduced price.

The charges you pay at the pharmacy are not reimbursed.

- **Ceiling on charges**

If you incur medical charges totalling SEK 900, including charges under the State medical service, you will be exempted from paying further charges for such treatment for the rest of a 12-month period from the date on which the first such charge was incurred. Once you have bought medicine for a total amount of SEK 1 800 or more within a 12-month period, you will be issued with an exemption certificate for medicines on the same basis as the exemption for medical treatment.

- **Dental treatment**

If you require dental treatment, you can consult a private dentist, dental hygienist or similar practitioner within the public dental service.

Since 1 January 1999 a scheme to supplement the cost of dental care has been available for all adults from the year in which they reach their 20th birthday. Children and young people are entitled to free dental care.

For each consultation, the insurance scheme pays the treatment provider a fixed amount. The cost of a check-up is reimbursed only until the patient reaches his or her 29th birthday during the year of the consultation. For prostheses and orthodontic treatment the insurance scheme generally pays any amount in excess of a threshold of SEK 3 500. The difference between the treatment provider's charge per consultation and the amount that the provider receives from the scheme is the patient's contribution.

The patient's contribution for other treatment can vary, as the dental sector is free to set its own rates. This means that treatment providers (for example, dentists, dental hygienists or other practitioners charging fees) decide for themselves the amount patients pay for treatment.
The general insurance scheme will pay the treatment provider for dental treatment only where treatment is carried out by a registered dentist or dental hygienist who has not reached the age of 65 (67 from 1 September 2001).

B. CASH SICKNESS BENEFIT

Sickness benefit or sick pay is provided to compensate for part of your loss of income if you are unable to work owing to illness.

If you have to stay off work because you are carrying an infectious disease with or without symptoms, but would otherwise be able to work, then you are entitled to ‘infectious disease benefit’ (smittbärapenning) rather than sickness benefit.

Employees on sick leave normally receive sick pay from their employer for the first 14 days. If they are off for more than 14 days, sickness benefit is then paid by the insurance fund.

The registered unemployed and the self-employed normally receive sickness benefit from the insurance fund for the entire period during which they are sick. Students too may, under certain circumstances, be eligible for benefit if they fall ill.

There is no statutory limit to the period for which sickness benefit is payable, but in the case of long-term illness it may be replaced by a sickness allowance or early retirement pension (see Section 4).

- Eligibility

Entitlement to sick pay is not subject to any requirements regarding a minimum level of income. However, anyone who has been employed for less than a month must have started the job and worked for at least 14 days in order to be eligible for sick pay.

To be eligible for sickness benefit, you must have an annual income of at least 24 % of the applicable price base amount.

Sickness benefit is payable only if a person’s ability to work has been reduced by at least a quarter as a result of illness.

- Amount of benefit

No benefit is paid for the first day of an illness, which is deemed to be a qualifying day. This applies regardless of whether benefit is payable by the employer or the insurance fund.

Sick pay is calculated on the basis of the wage you would have been paid if you had not fallen ill. Sick pay amounts to 80 % of this wage.

Sickness benefit is calculated on the basis of ‘qualifying income’; this is the annual income, in money, which a person can expect to earn from working for at least six consecutive months, or from regularly recurring seasonal work or the like. However, the base income is subject to a fixed annual ceiling. If income exceeds SEK 276 700 a year, any excess sum is disregarded. Sickness benefit corresponds to a proportion (not exceeding 80 %) of base income.

You must notify the insurance fund of your base income when you claim sickness benefit.

Depending on the extent to which your sickness prevents you from working, you may receive sickness benefit at the full, three-quarter, half or quarter rate.

- Reporting sick

If you are entitled to sick pay, you must notify your employer of your sickness on the day you fall ill. If you are eligible for sickness benefit, you must notify the insurance fund.

You must provide a written statement in which you certify that you are unable to work owing to illness. Those entitled to sick pay should send this statement to their employer, and those eligible for sickness benefit from an insurance fund should send it to the fund concerned.

As of the seventh day following the date on which you reported sick, your reduced ability to work owing to illness must be confirmed by a doctor’s certificate.

If an employee entitled to sick pay is ill for more than 14 days, the employer will notify the insurance fund on the 15th day of the illness.

- Notification of recovery

If you are receiving sick pay from your employer, you must notify him when you have recovered. If you have been sick for more than 14 days, you should notify the insurance fund that you are fit for work again.

Employees who have been receiving sickness benefit from the insurance fund right from the beginning of their illness must notify the insurance fund when they have recovered.

- Travelling abroad

You do not normally receive any sickness benefit when you are abroad, although in certain cases the insurance fund may allow this. However, any trip you make should not prevent your recovery or aggravate your illness. You should contact the insurance fund in good time before your trip to ask whether you can retain your entitlement to sickness benefit while abroad.

There are no such restrictions as regards sick pay.
Voluntary sickness benefit insurance

Anyone who is not entitled to sickness benefit or whose entitlement falls short of a certain fixed amount has the option of taking out voluntary sickness benefit insurance.

C. REHABILITATION

Special rehabilitation measures are sometimes required to help people who are unable to work through illness to return to working life. Various authorities or organisations are responsible for the different types of measures that may be needed. The insurance fund will coordinate the necessary measures. It may also pay compensation for loss of income during the rehabilitation process.

It is primarily the employer who is responsible for the individual rehabilitation measures which may be needed to enable an employee to return to work. The employer is required, in consultation with the employee, to clarify what rehabilitation measures are needed in cases where the employee:

— has been absent from work through illness for more than four consecutive weeks;
— has often been absent for short periods;
— requests such clarification.

Anyone on sick leave can apply to the insurance fund for rehabilitation measures to enable them to return to working life. The insurance fund will also take the initiative as regards rehabilitation measures whenever it considers this necessary, for example, in consultation with the employer or vocational training establishment.

Anyone in paid employment who is sick for more than four weeks must submit a medical report to the insurance fund. This report must describe what rehabilitation is necessary and the probable period for which the person concerned will continue to be off sick.

Payments during rehabilitation

During rehabilitation the insurance fund pays a rehabilitation benefit.

This rehabilitation benefit may be paid to anyone undergoing rehabilitation with a view to returning to work. It is made up of two components. The first is a cash benefit to cover loss of income during the rehabilitation process. Since 1996, rehabilitation cash benefit has been the same as sickness cash benefit. The second component is a special allowance to cover specific costs incurred in connection with rehabilitation.

3. Accidents at work and occupational diseases

This category covers injury and health damage as a result of an accident or other harmful effects at work. Any injury incurred on the way to or from work is also included. The term also covers occupational diseases occurring as a result of harmful working conditions.

A working condition will be regarded as harmful and thus as a possible source of occupational disease if it is highly probable that it may give rise to an illness. Such harmful conditions include noise, vibration, jolts, strenuous or repetitive work, and various chemical substances.

Some infectious diseases may also be regarded as occupational diseases if they come about as a result of infection in a laboratory, nursing establishment, etc. These diseases include jaundice and ‘hospital sickness’, for example.

Eligibility

If you have an open-ended or temporary employment contract, you are insured against accidents at work and occupational diseases. This insurance covers people in paid employment, the self-employed and contractors. Students are also covered if the nature of their course gives rise to a particular risk.

The conditions for recognition in this category are firstly that it can be established that you have been involved in an incident or been exposed to harmful effects, and secondly there must be convincing evidence of a link between the damage and the accident or harmful effect.

Type and amount of benefit

The following benefits are available:

— sickness benefit;
— medical treatment;
— rehabilitation;
— injury benefit;
— life annuity;
— survivors’ allowance.

Sickness benefit is paid under the same conditions and at the same rate as for other illnesses (see Section 2).

Medical treatment is also provided subject to the same conditions as for other illnesses (see Section 2). In addition, all costs of medical treatment outside Sweden, dental treatment and special aids and appliances (such as crutches and prostheses) incurred in connection with an accident at work or occupational disease are reimbursed. Reimbursement for dental treatment and special aids and appliances is conditional on the patient having
been treated by a doctor, dentist or other service provider operating within the State scheme or registered with the social insurance system.

If, following an accident at work or occupational disease, you are no longer able to do the work you did previously, you can obtain rehabilitation assistance to help you return to working life. During the rehabilitation process (which usually lasts no more than a year), rehabilitation benefit may be granted under the same conditions and at the same rate as for other illnesses (see Section 2).

If you are obliged to abstain from your usual work in order to avoid accidents and prevent any damage or injuries, you are entitled to compensation for a certain period.

If, as a result of an accident at work or occupational disease, you have suffered a permanent reduction in your working capacity, you may receive a life annuity. This annuity will cover the loss of income you may have suffered. When calculating the annuity payable, a comparison is made between the income you would have had if you had not had an accident or occupational disease and the income you expect you will be able to earn in future. The life annuity is equivalent to the difference between these two figures, and may be granted for a fixed or indefinite period.

In the event of death as a result of an accident at work or occupational disease, a contribution is paid towards funeral expenses. The life annuity may also be paid to survivors.

4. Invalidity

A. EARLY RETIREMENT PENSION

If you are aged between 16 and 65 and your working capacity has been permanently reduced by at least a quarter as a result of illness or other impairment of your physical or mental capacity, you may obtain an early retirement pension.

If your working capacity has not been permanently reduced but is expected to be impaired for at least a year, you may receive a sickness allowance rather than an early retirement pension. The sickness allowance is paid at the same rate as an early retirement pension, but is limited in duration.

Depending on the degree to which your working capacity has been reduced, an early retirement pension may be granted at the full, three-quarter, half or quarter rate.

As from 2003, the rules on early retirement pension will be adapted in line with the reform of the old-age pension system.

Eligibility, and types of benefit

In the same way as old-age pensions, early retirement pensions are made up of two parts, namely a basic pension (folkpension) and a supplementary pension (allmän tillägspension, ATP). The rules for calculating pensions are largely the same as for old-age pensions (see Section 5), apart from a number of special rules.

When calculating the early retirement pension payable in the form of a basic pension, both the actual period of residence in Sweden and what is known as the ‘future period of residence’ are taken into account. This means that the pension can be calculated on the basis of the period from the year of residence in which the event leading to early retirement occurred until the year in which you reach the age of 64. In order to be credited with this ‘future period of residence’, you must have lived in Sweden for a certain period between the age of 16 and the year prior to the event leading to a pension becoming payable. The event leading to a pension becoming payable means the moment in time when working capacity was reduced by at least a quarter (and this incapacity is expected to last for at least a year).

When calculating the early retirement pension payable in the form of a supplementary pension, it is not only the pension entitlement actually earned which is taken into account; a future entitlement is also calculated (which is known as the ‘presumed entitlement’ (antagandeöngberäkning)). This is based on the work you would have been able to do in the period from and including the year in which you receive an early retirement pension up to and including the year in which you reach the age of 64.

Early retirement pensions in the form of basic and supplementary pensions are calculated in the same way as old-age pensions (see Section 5 below). One difference, however, is that persons entitled only to a reduced supplementary pension or none at all may receive a higher pension supplement than they would in the case of old-age pension.

B. DISABILITY ALLOWANCE

Disability allowance is another benefit which may be granted if a person’s functional ability is permanently reduced.

It can be paid together with an early retirement pension or sickness allowance, or independently. If a disability allowance is granted independently, that is, to persons not entitled to an early retirement pension or sickness allowance, it may only be paid to persons permanently resident in Sweden.

A disability allowance may only be applied for if you are at least 16 years of age and if, before you
reach the age of 65, your working capacity is reduced for more than a year to such an extent that:

— you need the help of another person for considerable periods in order to go about your daily life;
— you need the constant help of another person to be able to work or study;
— you have incurred or will incur considerable additional expenses as a result of your disability.

When determining the amount of disability allowance to be paid, the disabled person’s overall situation is considered and his/her various needs and additional expenses are weighed up. The maximum disability allowance payable is SEK 2 122 a month.

C. ATTENDANCE ALLOWANCE FOR DISABLED CHILDREN

If you are a parent looking after a sick or disabled child at home, you may receive an attendance allowance if the child requires special attention and treatment for at least six months. You must also be permanently resident in Sweden in order to be entitled to this allowance.

The attendance allowance is intended as compensation for parents for the work and additional costs arising from the sickness or disability of a child. It is calculated on the basis of the amount of attention the child needs and the additional costs involved, and may be granted at the full, three-quarter, half or quarter rate. The maximum attendance allowance is SEK 7 688 a month.

D. TRANSPORT ALLOWANCE

Disabled people and the parents of disabled children under 18 years of age may receive an allowance for buying a car, motorcycle or moped and/or for adapting the vehicle to the needs of the disabled person. A condition for the payment of this allowance is that the disability makes it very difficult for the disabled person to move around independently or on public transport. Once one allowance has been granted, another will not normally be payable for at least another seven years.

5. Old-age pensions

A. OLD-AGE PENSION

Since 1 January 1999 Sweden has had a new old-age pension system, running in parallel with the old system.

People born in or before 1937 are covered in full by the old system.

People born between 1938 and 1953 are covered in part by the old system and in part by the new system. The year of birth determines the breakdown between the old and new systems.

People born in 1954 or later are covered entirely by the new system.

B. THE OLD PENSION SYSTEM

The old pension system has two components, namely basic pension (folkpension) and supplementary pension (tillägspension, ATP). Under this system, the pensionable age is 65 years for men and women alike. Those so wishing can draw their pension early or choose to defer it.

● Basic pension

People who are resident in Sweden or were resident in the past for at least three years or have earned pensionable income for a supplementary pension (see below) for at least three years are entitled to a basic pension. This applies irrespective of nationality. In order to be entitled to a full basic pension, you must have been resident in Sweden for 40 years or have earned income giving entitlement to a pension for 30 years. Anyone with less than 40 years’ residence or less than 30 years’ pensionable income will have their pension reduced by 1/40 or 1/30 respectively for each year they fall short. Periods of residence and pensionable income count towards pension entitlement from age 16, up to and including the year in which the person concerned reaches the age of 64. The maximum basic pension payable is SEK 2 952 a month.

EU or EEA citizens who leave Sweden to go to another EU/EEA country are entitled to draw a basic pension of the same amount as they would have drawn if living in Sweden. A Swedish citizen wishing to live outside the EU/EEA is entitled to a basic pension corresponding to the number of years of pensionable income. The same applies to the citizens of countries with which Sweden has concluded pension agreements.

● Supplementary pension (ATP)

If you have income from employment exceeding a so-called ‘increased price base amount’ (currently SEK 37 700), you are entitled to a supplementary pension (ATP). The price base amount is a figure fixed by the government each year in line with the general change in prices. Pensionable income earned between the ages of 16 and 64 can be counted towards your entitlement. Pensionable income includes both earned income and social benefits such as sickness benefits, parents’ allowance and unemployment benefit.

In order to be entitled to supplementary pension, you must have earned pensionable income for at
least three years. A minimum of 30 years of acquired pension rights is needed to obtain a full supplementary pension. The pension is calculated on the basis of the average pensionable income for the 15 years with the highest level of income. The maximum supplementary pension payable is SEK 11,993 a month.

**Pension supplement**

Persons with no or very limited entitlement to a supplementary pension (ATP) may receive a pension supplement (pensionsstillskott) in addition to the basic pension. The maximum supplement payable is SEK 1,750 a month.

A special pension supplement may be granted to anyone who has stopped work for at least six years in order to remain at home to look after a sick or disabled child. No more than 15 years thus spent may be taken into account for this purpose.

People on low incomes may be entitled to a housing allowance for pensioners (BTP), the amount of which depends on the pensioner’s income and his/her expenditure for housing.

A wife’s allowance may be paid to a woman born in 1934 or earlier whose husband has a basic pension entitlement in the form of an old-age pension or early retirement pension/sickness allowance. This benefit is being phased out.

C. THE NEW PENSION SCHEME

The new system comprises an income-based old-age pension in the form of an income-based pension and a premium-based pension with a guarantee pension.

An income-based pension is based on the income earned by a person over his/her entire working life. As is currently the case, the new system will also place an upper limit on the income which may be taken into account for pension purposes.

A guaranteed minimum will be laid down (guarantee pension) for persons who have no income giving rise to pension entitlement or who have acquired only a small entitlement.

The minimum age for drawing an income-based pension will be 61, but the later it is drawn the larger the annual pension will be. The reasons for this are firstly that more pensionable income can then be taken into account for pension entitlement, and also that a pension drawn at an older age will logically be paid for a shorter period.

The minimum age for drawing a guarantee pension is 65 years.

The first payments of income-based pension under the new system were made in January 2001.

The method of index-linking acquired pension rights and pensions paid out will be different under the new system, and will take account of wage increases among other things.

D. PARTIAL PENSION

If you are aged between 61 and 64 and in paid employment, you may under certain circumstances draw a partial pension if you reduce your number of working hours.

The partial pension is equivalent to 55 % of the difference between your income before and after the reduction in your working time.

Partial pensions will be abolished under the new old-age pension system. No new ones will be granted after 2000.

6. Survivors’ pensions

Survivors’ pensions may take the form of:

— an orphan’s pension;
— an adjustment pension;
— a special survivors’ pension;
— a widow’s pension under previously applying provisions.

Survivors resident in Sweden are entitled to a survivor’s pension in the form of a basic pension, provided that the deceased had been resident in Sweden for at least three years or had earned income giving entitlement to supplementary pension (ATP) for three years (see Section 5 above).

A survivor’s pension in the form of a supplementary pension (ATP) can be drawn if the deceased had been earning pensionable income for at least three years.

As from 1 January 2003, the rules on survivors’ pensions will be adapted to the new old-age pension system. The reformed system will consist of an income-related component and a guarantee pension component.

A. ORPHAN’S PENSION

Children under the age of 18 are entitled to an orphan’s pension if one or both of their parents have died.

An extended orphan’s pension may be granted to children between the ages of 18 and 20 in compulsory or upper secondary education.

**Amount**

An orphan’s pension in the form of a basic pension is paid if one or both parents have died. If the deceased parent(s) had not qualified for a full pension, the orphan’s pension is reduced in proportion to the number of years by which the deceased’s contributions fall short of a full pension entitlement. The minimum orphan’s pension is SEK 764 a month.
Payment of an orphan’s pension in the form of a supplementary pension is conditional upon the deceased parent(s) having received or been entitled to such a pension. An orphan’s pension under provisions for supplementary pensions is 30% of the deceased parent’s pension. If there are several children entitled to a pension, the total amount increases by 20% for each additional child and is then divided equally between the children.

An orphan’s pension in the form of a supplementary pension may not amount to more than the deceased parent’s own pension entitlement.

Under the reform, the orphan’s pension amounts to 35% of the deceased parent’s survivor’s pension base if the child is under 12. For children between 12 and 18 it is 30% of the pension base.

B. ADJUSTMENT PENSION

In order to be eligible for a survivor’s pension in the form of an adjustment pension under basic or supplementary pension arrangements, the survivor (male or female) must be under 65 and have been living together with the deceased on a permanent basis when the death occurred, and must

— have been living together, when the death occurred, with a child under the age of 12 of which one of the partners has custody; or
— have been living together with the partner for an uninterrupted period of at least five years prior to the partner’s death.

An adjustment pension is granted for a period of six months. Under the reform it will, from 2003, be paid for 10 months or, for children aged between 12 and 18, for 22 months.

A surviving partner who has custody of and has been living permanently with a child under 12 since his/her partner’s death may be granted an extended adjustment pension when entitlement to a normal adjustment pension ceases. The extended pension may only be paid out until the youngest child reaches the age of 12.

Amount

An adjustment pension in the form of a basic pension is paid at the same rate as an old-age pension for a single person, provided that the deceased was entitled to a full pension.

An adjustment pension in the form of a supplementary pension is paid out at a rate of 20% of the deceased person’s pension entitlement if there is a child who is entitled to an orphan’s pension, or at 40% in all other cases.

Under the reform, adjustment pension will be paid at a rate of 55% of the survivor’s pension base. A guarantee pension can also be paid as a supplement.

C. SPECIAL SURVIVORS’ PENSION

If, once an adjustment pension ceases to be paid, survivors are unable to support themselves through their own paid employment and are not entitled to an old-age pension, they may be entitled to a special survivors’ pension.

In order to be eligible for such a pension, a survivor’s ability to support himself/herself through paid employment must have been reduced by a quarter since the death of the partner, as a result of labour market developments, poor health or some other comparable reason.

Special survivors’ pensions will no longer be granted after 1 January 2003, though existing recipients will not be affected.

D. WIDOW’S PENSION UNDER PREVIOUSLY APPLYING PROVISIONS

Prior to 1990, survivors’ pensions were subject to other statutory provisions. Among other things, men were not entitled to survivors’ pensions. Transitional provisions moving towards the new rules for survivors’ pensions are in place which entitle older and middle-aged women to a widow’s pension under the old and, in some respects, more favourable provisions.

7. Unemployment

Unemployment insurance is administered by unemployment funds for various fields of activity (that is, specific professions, economic sectors, etc.). Insurance mainly covers employees, although several funds now accept the self-employed. Unemployment benefit is granted in the form of an income-related benefit or a base amount.

The income-related part of unemployment insurance contributions is voluntary and subject to membership of a fund. To be eligible, you must have worked for at least four consecutive weeks within any period of five weeks. On average, you must have worked for at least 17 hours per week and must be continuing to work on at least the same basis.

Unemployment benefit is paid by the unemployment fund of which you are a member. If you are not a member of an unemployment fund you will receive the base amount from the ALFA fund.

If you are a national of an EU Member State, you do not need a work permit to work in Sweden. If you come to Sweden to take up or look for employment, you must, however, apply to the local police authorities for a residence permit within three months. Anyone drawing unemployment benefit who finds work or is still unemployed...
but no longer looking for work must inform the employment service accordingly.

A. UNEMPLOYMENT INSURANCE

Eligibility for unemployment benefit

If you become unemployed, you are entitled, under certain conditions, to unemployment benefit in the form of an income-related benefit or a base amount.

You are entitled to income-related benefit if you:

— have been a member of an unemployment fund for 12 months (membership condition);
— have been gainfully employed for at least six months, working at least 70 hours per calendar month, or have been gainfully employed for at least 450 hours over a period of six consecutive calendar months, working at least 45 hours in each of these months, within a period of 12 months immediately before becoming unemployed (work condition).

Those who do not meet the membership condition but do meet the work condition may be entitled to the base amount as from their 20th birthday.

You may also be entitled to the base amount if you meet the so-called ‘student condition’. This means that you must have made yourself available for work as a job seeker through the public employment service or have been in gainful employment for at least 90 calendar days over a period of 10 months following a completed period of full-time study which lasted at least one academic year and entitled you to study allowances.

The basic conditions of entitlement to both income-related benefit and the base amount are that you:

— are unemployed. You are normally considered to be unemployed if you do not have any paid employment and have not been self-employed. Self-employed persons must have wound up their business or, with certain restrictions, have temporarily suspended their activity before they can be regarded as unemployed. If you do paid work for a certain number of days or hours each week, you can still be treated as unemployed for the rest of the week and be entitled to a certain amount of benefit;
— are fit for work;
— are available for employment;
— are registered with the public employment service;
— are prepared to accept a suitable job;
— are cooperating on a personal action plan drawn up together with the unemployment service;
— are actively seeking suitable employment.

Amount of benefit

As of 2 July 2001, the base amount is SEK 270 per day, and proportionally less in the case of people working part-time. Income-related benefit is granted at a rate of 80% of income before unemployment. As of 2 July 2001, the maximum benefit is SEK 680 per day for the first 100 days for which it is paid, and a maximum of SEK 580 for the rest of that period. If you are in receipt of an old-age or retirement pension, this is deducted from your benefit. No benefit is paid for Saturdays and Sundays.

The maximum period for which benefit is paid is 300 days. The period starts with a qualifying period of five days for which no benefit is payable. If an insured person finds a job before the end of the period for which benefit is payable, he or she may be entitled to payment for the remaining days if he or she again becomes unemployed, even without re-fulfilling the eligibility conditions.

If an unemployed person, once the period of 300 days is at an end, can again meet the ‘work condition’, a further period of no more than 300 days’ benefit is granted. Persons who do not fulfil this condition should be offered an opportunity to participate in the labour market programme ‘activity guarantee’ or have their benefit period extended from 300 to a maximum of 600 days.

Self-inflicted unemployment

An insured person loses the right to benefit for a certain period if he/she:

— leaves his/her job without a valid reason;
— is dismissed for improper conduct.

An insured person will have his/her daily benefit reduced if he/she:

— refuses suitable work;
— without expressly refusing a suitable job, behaves in such a way that he/she is not given employment.

How do I go about obtaining benefit?

If you become unemployed, you should register with the employment office as quickly as possible. Here you will be given information on how to obtain unemployment benefit. You will also be given some forms, including an application for registration with an unemployment fund, an employer’s certificate to be filled in by your previous employer, and a fund card (kassakort). You should indicate on this card that you are unemployed. It is then sent to your unemployment fund. The fund takes decisions on the payment of unemployment benefit. If you do not agree with a decision taken by an unemployment fund, you can
request a review. If you are still not satisfied, you may appeal against the fund's decision to the county administrative court.

8. Family benefits

Child allowance is normally paid for children resident in Sweden. It is not means-tested. Households with or without children may be entitled to housing allowance. This is made up of two components; the first relates to housing costs and can be paid only if the persons concerned are permanently resident in Sweden, and the second, which is covered in more detail below, is an allowance for children living at home. The housing allowance is means-tested. A special education allowance for children over 16 in full-time education is also available.

Parental benefit (föräldrapenning) may be paid in connection with the birth or adoption of a child. This benefit makes it possible to stay at home for long periods to look after a child. In addition, a pregnant woman may in some cases be entitled to 'pregnancy benefit' (havandeskapspenning) prior to the birth of the child.

If you have to stay off work for short periods to look after a sick child, for example, you are entitled to temporary parental benefit. Entitlement is conditional upon your being permanently resident in Sweden.

Pregnancy benefit and parental benefit are described below.

A. CHILD ALLOWANCE

- General child allowance

Child allowance is paid from the month following the birth of a child up to and including the quarter in which the child reaches the age of 16. It is normally paid to the mother but can under certain circumstances be paid to the father or other person responsible for looking after the child.

- Extended child allowance

Extended child allowance is paid when a child reaches the age of 16 if he/she is still in compulsory education. It is paid up to and including the month in which the child leaves school.

- Supplementary children's allowance

A supplementary children's allowance is paid automatically to anyone receiving normal child allowance for three or more children. Children over 16 who are studying and whose studies give entitlement to extended child allowance or education allowance may, under certain conditions, be taken into account for the purposes of supplementary children's allowance. This allowance is only paid up to and including the second quarter of the year in which the child who is studying reaches the age of 20.

- Amount of benefit

As of January 2001, general child allowance is SEK 11 400 per child per year, paid in monthly instalments of SEK 950. Extended child allowance is also SEK 950 a month. Supplementary children's allowance amounts to SEK 254 a month for the third child, SEK 760 for the fourth child and SEK 950 for the fifth and any subsequent children.

B. EDUCATION ALLOWANCE

An education allowance of the same amount as an extended child allowance is paid for children in full-time upper secondary education between the ages of 16 and 20. If the child or its parents are on a low income, a supplementary allowance may be paid.

C. HOUSING ALLOWANCE FOR FAMILIES WITH CHILDREN

Housing allowance is a means-tested benefit paid, for example, to families with children. It is made up of two components. One is a special allowance for children living at home, the amount of which depends on the number of children in the family and the level of income. The second component is a contribution towards housing costs, which may only be paid to permanent residents in Sweden.

- How do I go about obtaining benefit?

In order to obtain housing allowance, you must apply to the insurance fund. The fund’s decision as to the allowance payable is normally valid until further notice, but for no longer than 12 months. Couples who are married or living together must file a joint application, since their incomes are added together for assessment purposes.

- Amount of housing allowance

The sum calculated solely on the basis of the number of children is known as the special allowance for children living at home. This allowance is paid monthly; the maximum sum payable is SEK 600 for families with one child, SEK 900 for families with two children and SEK 1 200 for families with three or more children.

D. MATERNITY AND ADOPTION BENEFITS

- Pregnancy benefit

A pregnant woman is entitled to pregnancy benefit if she has a strenuous job which she cannot manage because of her pregnancy and if she cannot be reassigned to another job which is physically less demanding. Pregnancy benefit is
paid no earlier than 60 days before the expected date of confinement.

A woman is also entitled to pregnancy benefit if she cannot do her job because of a rule forbidding pregnant women to do such work and cannot be reassigned to another job. Pregnancy benefit is paid for each day this applies.

Pregnancy benefit is paid, at the most, until the 11th day before the expected date of confinement. The amount of pregnancy benefit is the same as sickness benefit.

**Parental benefit**

Parental benefit is the allowance a parent receives upon the birth or adoption of a child.

Parental benefit is paid following the birth of a child for a total of 450 days. In the event of a multiple birth, parental benefit is paid for a further 180 days for each child born in addition to the first one. It does not have to be drawn all at once, but may be spread over several periods up until the child's eighth birthday, or until he/she starts school if this is later than at the age of eight. Adoptive parents may draw benefit within an eight-year period as from the date they take the child into their care. No parental benefit is paid for adopted children aged 10 and over.

When the parents are jointly responsible for caring for a child, they are each entitled to benefit for half the total number of days for which it is payable. However, it is possible for one parent to assign his/her entitlement to the other parent, although he/she must retain a minimum of 30 days' entitlement.

If the parents are jointly responsible for caring for a child but one of them fails to meet the requirements for entitlement to parental benefit, then the other parent is entitled to the entire 450 days' benefit.

Mothers are entitled to draw parental benefit even before the birth of their child. The benefit is payable no earlier than the 60th day before the expected date of confinement. Both parents can draw benefit simultaneously in order to attend parenting classes if they are expecting or have just had a child.

When a child is born, parental benefit is paid to the parent who has stopped working to take care of the child. Women, however, are always entitled to benefit up to and including the 29th day after the date of confinement, even if they do not have the child in their care.

There is a guaranteed minimum level of parental benefit which is always paid. At the moment this amounts to SEK 60 a day. It is a residence-based benefit.

Benefit is paid on the basis of the parent’s income for 360 days, and on the basis of the guaranteed minimum for 90 days. Special qualification rules apply for the first 180 days of parental benefit based on loss of income. For this purpose parents are required to have had sickness benefit insurance, that is, to have been in receipt of income from employment, for at least 240 consecutive days before the birth of the child.

Depending on the extent to which a parent has stopped work to take care of a child, parental benefit will be paid at the full, half or quarter rate.

In addition, fathers are entitled to 10 days’ allowance on the birth or adoption of a child. This allowance may not be drawn any later than 60 days after the child has left hospital or the parents have taken the adopted child into their care.

**9. Further information**

**Social insurance, excluding unemployment insurance**

The insurance funds can provide further information on social insurance. There are some 21 central offices and around 330 local offices in Sweden. You should first of all get in touch directly with the local office at your place of residence. The address and telephone number can be found in the telephone directory.

The competent authority for enquiries about pensions for persons resident outside Sweden is:

Stockholms läns allmänna försäkringskassa (Stockholm County Social Insurance Office)
Utlandskontoret (International Division)
S-105 11 Stockholm
Tel. (46-8) 676 10 00
Fax (46-8) 676 19 30

For enquiries concerning benefits for seamen who work on Swedish merchant vessels but do not belong to a Swedish insurance fund, the authority to contact is:

Göteborgs allmänna försäkringskassa (Göteborg Social Insurance Office)
Sjöfartskontoret (Seafarers’ Division)
S-405 12 Göteborg
Tel. (46-31) 700 50 00
Fax (46-31) 700 52 49

The central social insurance institution is the National Social Insurance Board (Riksförsäkringsverket or RFV):

Riksförsäkringsverket (National Social Insurance Board)
S-103 51 Stockholm
Tel. (46-8) 786 90 00
Fax (46-8) 411 27 89
**Unemployment insurance**

Enquiries about unemployment insurance should be addressed in the first instance to your unemployment benefit fund, the employment service, or your trade union. The National Labour Market Board (Arbetsmarknadsstyrelse or AMS) is the central authority dealing with unemployment insurance and cash unemployment benefit:

Arbetsmarknadsstyrelsen (National Labour Market Board)
Försäkringsenheten (Insurance Division)
S-113 99 Stockholm
Tel. (46-8) 586 060 00
Fax (46-8) 586 064 99

**Education allowance**

Enquiries about education allowance for students between the ages of 16 and 20 should be addressed to your local office of the National Student Aid Board (Centrala studiestödsnämnden or CSN), which has 24 such offices altogether. The addresses and telephone numbers can be found in the telephone directory.

The CSN is the central authority responsible for financial aid for students:

Centrala studiestödsnämnden (National Student Aid Board)
S-851 82 Sundsvall
Tel. (46-60) 18 60 00
Fax (46-60) 18 61 93
UNITED KINGDOM

1. Introduction

The United Kingdom social-security schemes include:

- the national insurance scheme, which provides cash benefits for sickness, unemployment, widowhood and retirement, etc. People earn entitlement to these benefits by paying national insurance contributions;
- the national health service, which provides medical, dental and optical treatment and which is normally available to people who live in Great Britain and Northern Ireland;
- the child benefit scheme, which provides a cash benefit for children;
- non-contributory benefits for certain categories of disabled persons, or their carers.

National insurance contributions

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

(a) 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 be deemed to have paid 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;

(b) 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 are normally collected by the Inland Revenue; they do not count for benefit purposes;

(c) Class 3 contributions are voluntary and only count towards basic retirement pension and basic widow’s benefits. They can be paid if you are not liable for primary Class 1 contributions, if you have been excepted from paying Class 2 contributions or if your contribution record is not good enough to qualify for the benefits listed above. Class 3 contributions are payable at a flat rate;

(d) special rules apply to certain people, including mariners and airmen;

(e) 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 and leaflets giving the current rates of contributions are available from local Inland Revenue offices.

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, it is also a condition that you must actually have paid a certain amount of contributions.

You will normally be 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. You should go to the local office of the Department of Social Security or in Northern Ireland to the local social-security office of the Social Security Agency. You can find the address of your local office in a telephone directory or by asking at the local post office. Your employer will need to know this number in order to keep an accurate record of the contributions you pay. You should also quote this number when you write to the Department or claim benefit: this will enable the department to identify your national insurance record and pay you promptly.

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, and in the case of residence in Great Britain is provided under the National Health Service and in Northern Ireland under the Health Service.

To qualify for cash benefits for sickness, maternity or unemployment you must satisfy certain contribution conditions. These are listed in Sections
2.B, 2.C and 7 below, respectively. Your contributions in other EU Member States in the relevant periods may be taken into account to satisfy these conditions. Entitlement to pensions for old age and widowhood depends on your insurance record in all the Member States in which you have worked.

Class 2 contributions (see paragraph (b) above) may be used to satisfy the contribution conditions for cash benefits.

It is important to claim benefit quickly as delay may cause loss of benefit.

2. Sickness and maternity

A. HEALTH BENEFITS IN KIND

If you are employed or seeking work in the United Kingdom or if you are ordinarily resident there, free family doctor and hospital services are provided under the National Health Service (NHS) for you and the members of your family who are with you according to medical need, without any national insurance qualification. You 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. National Health Service sight tests and help with the costs of glasses are only available to certain people. Most people have to pay privately for optical services.

Leaflets about the rates of NHS charges and who is entitled to help with health costs are available from family doctors, dentists, opticians and pharmacists, post offices and local social-security offices. Nearly all family doctors and opticians and many dentists take part in the National Health Service. Names and addresses of NHS family doctors, dentists and opticians in the local area are held by health authorities (health boards in Scotland, the Central Services Agency in Northern Ireland). They are also available in most public libraries. You can find out the number of your local health authority (health board) by ringing the freephone health information service on 0800 665544 (0800 224488 in Scotland). The telephone number of the Central Services Agency is 028 90 324431.

If you are aged 16 or over you may choose your own family doctor. Contact the surgery and ask to be put on his list of National Health Service patients. If he accepts you on to his list, he will arrange for you to have a medical card bearing an NHS number. Doctors have the right to refuse to register patients on their lists without giving a reason. You are free to change your doctor if, either he or you change address or for personal reasons. Ask another family doctor of your choice to put you on his list. In cases of emergency, any doctor practising under the National Health Service will provide treatment if your own family doctor is not available.

If you need hospital treatment or to consult a specialist, your NHS doctor will arrange it for you and no charge will be made. In an emergency, you may be admitted directly to a hospital.

* Medical services in another Member State

if you are insured in the United Kingdom but staying or residing in another Member State, you and your family may be entitled to health services from the sickness scheme there. If you plan a temporary stay (holidays, business trip, etc.) in another Member State, obtain leaflet T 6 from the post office before you go. If you plan to live abroad, obtain leaflet SA 29 from your local social-security office.

B. CASH SICKNESS BENEFITS

* Statutory sick pay (SSP)

Most people who work for an employer are entitled to statutory sick pay (SSP) from that employer if they are off work sick, for four or more days in a row and have average weekly earnings at, or above, the level at which national insurance contributions (NICs) become relevant. SSP is paid instead of State incapacity benefit; the latter cannot be paid for periods when an employer is liable to pay SSP. Your employer is liable to pay SSP for a maximum of 28 weeks in a period of incapacity for work. You do not have to make a formal claim for SSP but your employer should have rules about how and when you are to notify him of your illness and the kind of evidence of your illness he will require before he pays you SSP. You should find out what these rules are — if you do not follow them you could lose some SSP. If you are still sick when your employer’s liability to pay you SSP comes to an end you will be able to claim State incapacity benefit from the Department of Social Security (see below).

Certain people who work for an employer are not covered by the SSP scheme, for example those over 65 years of age.

* State short-term incapacity benefit

When you are incapable of work because of illness or disability, you can claim cash short-term incapacity benefit 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:
— you must have paid either Class 1 or Class 2 contributions, or a combination of both, equal to at least 25 times the lower earnings limit (see Section 1 above) in any one tax year (from April 2001 these contributions must have been paid in one of the last three 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. For example, if you claim benefit in June 2000, your claim will be based on the contributions you paid in the income tax years between 6 April 1997 and 5 April 1998 and between 6 April 1998 and 5 April 1999.

Leaflets giving the current rates of benefits are available from local social-security offices.

Periods of insurance, residence or employment completed in other Member States may be used to help you satisfy the contribution conditions.

- **Increases for your dependants**

You may claim an increase in your short-term incapacity benefit for one adult dependant if you have dependent children or if your wife or husband is aged 60 or over. If your spouse is living in another Member State you should send form E 105, which you should obtain from the sickness insurance institution of the Member State in which she/he lives, with your claim.

You may claim an increase in your short-term incapacity benefit for dependent children after 28 weeks of sickness.

- **How to claim if you work for an employer**

When your employer’s liability to pay you SSP ends or if you are excluded from the SSP scheme, he will send you a form explaining why he is not paying you SSP. This form includes a claim form for incapacity benefit. Fill it in and send the whole form quickly to your local social-security office. Attach any doctor’s statements you may have to it and send doctor’s statements regularly as long as you are too sick to work.

Payment of cash sickness benefits is payable by girocheque or by orderbook, which may be cashed at any post office.

- **How to claim if you do not work for an employer**

You should complete a form SC 1 available from doctors’ surgeries, hospitals or social-security offices. In Great Britain this form should be sent without delay to your local social-security office or in Northern Ireland to the Social Security Agency, Incapacity Benefits, Castle Court, Royal Avenue, Belfast BT1 1SD. If your illness lasts more than seven days you should obtain a medical statement from the doctor or hospital treating you and send it to the address to which your form SC 1 was dispatched. The doctor will indicate on the statement how long in his opinion you should refrain from work.

- **Payment of cash incapacity benefit in other Member States**

It may be possible for you to receive United Kingdom cash incapacity benefit in another Member State if you are insured under the United Kingdom scheme and if you fall sick in another Member State, or if you were already receiving cash incapacity benefit before you left the United Kingdom and have the agreement of either the Department of Social Security or the Department for Social Development that benefit may continue.

If you fall sick while you are in another Member State and you are not entitled to SSP from an employer, you must apply within three days to the sickness insurance institution in that State. You should produce a doctor’s statement with your claim and submit to any control procedures required by the institution.

If you are receiving United Kingdom incapacity benefit and intend going to another Member State you should ask the office which pays the benefit for advice well before your date of departure.

C. MATERNITY BENEFITS

- **Statutory maternity pay (SMP)**

Most pregnant working women can receive SMP from their employer. It is payable for up to 18 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 week in which your 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 EWC (the qualifying week). 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.

The first six weeks of SMP will be paid at 90% of your average weekly earnings, after that you will get a standard rate.
To get SMP, you must tell your employer that you intend to stop work because of your pregnancy. Do this at least three weeks beforehand. Your employer will have rules about how you should notify him. You must also give your employer your maternity certificate (which the doctor or midwife will give you) as soon as you get it.

Your employer will usually pay SMP to you at the time you would have received your normal wages. If you cannot get SMP, you may be able to get maternity allowance.

- **Maternity allowance (MA)**

  MA may be payable if you cannot get SMP. It is payable for up to 18 weeks and starts, at the earliest, 11 weeks before your expected week of confinement (EWC). If you are still working, your maternity allowance can start later.

  To qualify you must be employed or self-employed for at least 26 weeks in the 66-week period (test period) ending with the week before the week your baby is due, and earn on average at least GBP 30 a week. Claim not more than 14 weeks before your baby is due by filling in form MA 1 and sending it to your local social-security office. You can get the form from your social-security office, maternity or child health clinic. You must also send your payslips and your maternity certificate which the doctor or midwife will give you.

  If your average weekly earnings are at least equal to the lower earnings limit (LEL), which applies at the beginning of your test period, you will get standard rate MA. If you earn on average at least GBP 30 a week, but less than the LEL, you will get 90% of your average weekly earnings, but you cannot get more than the standard rate.

3. **Accidents at work and occupational diseases**

   Industrial injuries 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 benefit does not depend on the amount of national insurance contributions you have paid. It is available only if you work for an employer. It can be paid whether or not you are unable to work as a result of the accident or disease.

   - **Disablement benefit**

     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.

A leaflet giving the rates of benefit is available from social-security offices.

 Increases payable with the disablement benefit are:

- constant attendance allowance: if you need someone to look after you and your disablement benefit is 100%;
- exceptionally severe disablement allowance: if you are getting constant attendance allowance at one of the two highest rates and your need for such attendance allowance is likely to be permanent.

You may be able to get reduced earnings allowance if your accident occurred or your disease started before 1 October 1990 and you cannot do your normal job or job of equivalent standard because of your disablement.

In Great Britain, you should claim the benefit at the local social-security office as soon as possible after the first signs of disablement appear. In Northern Ireland claims should be made to the industrial Injuries Branch of the Social Security Agency, Castle Court, Royal Avenue, Belfast BT1 1SD.

Disablement benefit is normally payable if your disablement is assessed at 14% or more for all accidents and most prescribed diseases. For the respiratory diseases pneumoconiosis, byssinosis and diffuse mesothelioma benefit may be paid in respect of disablement of at least 1%. Benefit is either paid direct into your bank account every four weeks or by a weekly orderbook. The orders may be cashed at a post office.

Disablement benefit and the two related allowances are also payable if you go to another Member State. You should consult the office from which you receive the benefit or allowance well in advance of your departure, to enable arrangements to be made for payment in another Member State and for you to receive medical benefits there.

Special rules exist for the granting of the benefit where an industrial disease has been contracted as a result of employment in more than one Member State and also where there has been an aggravation of that disease. If you think you might be affected by these rules, you should enquire at the appropriate office listed in Section 11 below.

4. **Invalidity**

   - **Long-term incapacity benefit**

     Long-term incapacity benefit replaces short-term incapacity benefit after 364 days of incapacity (including days of statutory sick pay with underlying entitlement to short-term incapacity benefit) if you remain incapable of work. Long-term incapacity benefit is not payable after pension age.
An age addition is payable in addition to basic long-term incapacity benefit according to your age on the day on which your incapacity started. Two rates are payable: a lower rate where incapacity started before the age of 45, and a higher rate where the incapacity started before the age of 35.

If you have been insured at any time in Austria, Denmark, Finland, France (if you worked as a miner or were self-employed other than an agricultural worker), Germany, Greece (except under the agricultural insurance scheme), Iceland, Italy, Liechtenstein, Luxembourg, Norway, Portugal, Sweden or are receiving sickness benefit or an invalidity pension from one of these countries, you may be entitled to the invalidity benefits of this other Member State and the long-term incapacity benefit of the United Kingdom at the same time. In these circumstances you should inform the Pensions and Overseas Benefits Directorate (see Section 11 for the address). The amount payable to you will be calculated in accordance with the Community rules.

If you have previously been insured only in Belgium and/or in France (other than stated above), and/or in the Greek agricultural insurance scheme, and/or in Ireland, and/or in the Netherlands, and/or Spain then you will normally be entitled to receive long-term incapacity benefit exclusively from the United Kingdom (provided you were last insured here).

If you receive long-term incapacity benefit only from the United Kingdom, it may be increased if you have a dependent spouse or housekeeper. An increase is also payable for your children provided there is entitlement to UK child benefit (see Section 8) for the children. If, however, you receive an invalidity pension from another Member State, then special rules apply. Information on these rules may be obtained from the addresses given in Section 11.

Entitlement to long-term incapacity benefit will be considered automatically (that is, without a further claim) when you have received short-term incapacity for 364 days. You should, however, continue to submit your doctor’s statements as before.

Long-term incapacity benefit is payable by girocheque or by order book which may be cashed at any post office.

- **Severe disablement allowance**

The conditions for payment of severe disablement allowance (SDA) apply equally to men and women. If you are 16 or over, but under 65 and do not satisfy the contribution conditions for incapacity benefit, you may be entitled to SDA. You need to have been continuously incapable of work for 28 weeks (including Sundays) and if your incapacity started after your 20th birthday you will also have to be assessed at least 80% disabled for 28 weeks. You must live in the UK and have done so for at least 26 weeks out of the 52 before your claim, although if you have lived in another Member State this may help you satisfy the latter condition. SDA can be paid after age 65 in certain circumstances. Age additions and increases for dependants are also available. Further details are given in leaflet NI 252 available at social-security offices or you can contact the Pensions and Overseas Benefits Directorate (see Section 11 for the address).

SDA will be abolished for new claims from April 2001.

From April 2001 disabled people who claim benefit before the age of 20, or 25 if in education or training immediately before age 20, will be able to claim IB (incapacity benefits) without satisfying the contribution conditions.

If you intend to go to stay or to live in another Member State, you should consult the office from which you receive severe disablement allowance.

- **Disabled person’s tax credit**

If you are over 16 and working more than 16 hours a week but have an illness or disability which puts you at a disadvantage in competing for jobs, you may be able to claim disabled person’s tax credit. It is a tax-free income-related earnings supplement and there are no contribution conditions, but you have to be ordinarily resident and present in the UK when you claim. A leaflet giving more details is available at Inland Revenue enquiry centres, social-security offices and post offices. Disabled person’s tax credit is generally paid via the wage packet.

- **Disability living allowance**

If you have an illness or a disability and need help with personal care or with getting around you may be entitled to disability living allowance. Disability living allowance may be paid in addition to other benefits. There are no contribution conditions. You need to start to need help and claim before your 65th birthday in order to qualify. There are conditions relating to residence and presence in the UK which you will also be required to satisfy. A leaflet giving more details is available at social-security offices.

Disability living allowance is paid every four weeks by order book cashable at the post office or by payment direct to a bank or building society account.

- **Attendance allowance**

If you are 65 or over and need help with personal care because of an illness or disability you could
be entitled to an attendance allowance. Attendance allowance is paid to people who need physical care and attention during the day, or the night or both. It may be paid in addition to other benefits. There are no contribution conditions. There are conditions relating to residence and presence in the UK which you will be required to satisfy. A leaflet giving more details is available at social-security offices.

Attendance allowance is normally paid every week either by order book or by payment direct into a bank or building society account.

- **Invalid care allowance**

Invalid care allowance is a weekly benefit paid to someone who spends at least 35 hours a week caring for a severely disabled person who is getting disability living allowance at the middle or highest rate for help with personal care, or attendance allowance. There are no contribution conditions. There are conditions relating to residence and presence in the UK which you will be required to satisfy. A leaflet giving more details is available at social-security offices.

5. **Retirement pension**

State retirement pension can be claimed once you reach State pensionable age (currently 65 for a man and 60 for a woman), irrespective of whether you continue to work or not. If you decide to defer claiming your pension after pensionable age you can earn an increased retirement pension.

To qualify for a basic retirement pension you must satisfy two contribution conditions:

- for any pension to be paid, you must either have actually paid 50 flat-rate contributions of any class at any time before 6 April 1975, or have paid Class 1, 2 or 3 contributions in any one income tax year from 6 April 1975 which give an earnings factor not less than the qualifying earnings factor for that year (see Section 1);

- for a pension to be paid at the standard rate you must have paid or been credited with such a record in each of a required number of years of your working life.

If the number of years in which you have paid or been credited with such a record is less than the number required for a pension at the standard rate, you may be entitled to a pension at a proportionately reduced rate.

You may also be entitled to an additional, earnings-related pension if you have paid Class 1 contributions in any tax year since April 1978 on earnings of more than 52 times the weekly lower limit. The amount will depend on the number of years since April 1978 in which you have paid Class 1 contributions and your total earnings in each of these years.

Leaflets which explain the different parts of the retirement pension, how they are calculated and giving current rates of pension are available from social-security offices.

- **Pensions for married women, widows and divorcees**

If you are a married woman you can qualify for a pension in two ways. If you have paid full-rate contributions, you can get a basic pension in the same way as a man or single woman. In certain circumstances, you can also get a basic pension on your husband’s contributions. You will normally only get a pension equivalent to the higher of these two pensions.

If your marriage has ended by death, divorce or annulment by the time you reach pension age, you may be able to use your late/former spouse’s contribution record to help you get a basic State pension.

Leaflets explaining these arrangements are available from social-security offices.

- **Insurance in more than one Member State**

If you have been insured in more than one Member State, you may be entitled to a pension from each of the States in which you have been insured. The relevant Community rules apply.

- **Increases for dependants**

If you receive a retirement pension only from the United Kingdom, it may be increased if you have dependants in the same way as this is done for invalidity benefit (see Section 4 above). Further details may be obtained from your local social-security office. If, however, you also receive a pension from another Member State, then special rules apply. Information on these rules can be obtained from the addresses shown in Section 11.

- **How to claim**

You will be invited to claim four months before you reach State pension age (65 for a man, 60 for a woman). This claim can also be used for pensions that may be due under the schemes of other Member States. If you do not live in the United Kingdom you should submit your claim to the pension insurance institution of the Member State in which you live.

Your retirement pension can be paid weekly, in advance, by means of a book of orders which you can cash at the post office. Alternatively you may arrange for it to be paid quarterly or four-weekly direct into your bank. If you are in another
Member State, a United Kingdom retirement pension will normally be paid to you either quarterly or four-weekly in arrears by a payable order negotiable through a bank.

- **People aged 80 or over**

If you are aged 80 or over, an age addition will be payable with your retirement pension. If you are 80 or over and have not qualified for, or qualified for only a very low rate of retirement pension, you can claim a non-contributory retirement pension for people over 80 subject to the satisfaction of certain residence conditions. A leaflet explaining these conditions is available at social-security offices.

6. **Widows’ and orphans’ benefits**

- **Widows’ benefits**

The current widows’ benefit scheme was introduced from 11 April 1988. For women widowed on or after this date the types of widow’s benefits are:

- **widows’ payment (WPT).** This is an immediate tax-free lump-sum payment, made if a woman is widowed under 60 or if her late husband was not entitled to a basic State retirement pension;

- **widowed mother’s allowance (WMA).** WMA is paid from widowhood if the widow has a qualifying child or is expecting her late husband’s baby. In addition, child dependency increases may be paid for each qualifying child. If, however, your late husband was also insured in another Member State, then special rules may apply. Information on these rules can be obtained from the addresses shown in Section 11;

- **widow’s pension (WP).** A widow’s pension is paid from widowhood if a woman is widowed at age 55 or over and has no dependent children, or if she is aged 55 or over when WMA ceases;

- **widow’s pension (age-related) (WP(AR)).** This pension is an extension of widow’s pension for women who become widowed between age 45 and 55. The amount payable depends on age at widowhood or cessation of WMA. The full rate WP is reduced by 7 % for each year the widow is under age 55 when she qualifies for the benefit. For example, a widow aged 53 at widowhood will have the full rate WP reduced by 14 %;

- **additional pension.** This is an earnings-related benefit based on the earnings-related contributions of the late husband and can be paid with WMA and WP. It can also be paid with WP(AR) but is reduced in 7 % steps in the same way as WP(AR) is reduced. It is calculated in the same way as the additional pension payable with a retirement pension (see Section 5 above).

The contribution conditions for these benefits must be fully satisfied on the basis of the contributions of the late husband. For widow’s payment, the late husband 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 mother’s allowance and widow’s pension there are two contribution conditions similar to those for retirement pensions outlined in Section 5, except that the conditions must be satisfied on the basis of the late husband’s contributions.

If the late husband was also insured under the scheme of another Member State, then the Community rules apply to the calculation of the pensions from the United Kingdom and the other Member State.

- **How to claim**

The widow may apply for any of the widow’s benefits by completing the back of the death certificate issued by the Registrar of Births, Marriages and Deaths and taking or sending it to the local social-security office. This office will then provide her with 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 widow does not live in the United Kingdom, she should submit her claim to the pension insurance institution of the Member State in which she lives.

Widow’s benefits are paid in the same way as retirement pensions (see Section 5).

- **Bereavement benefits**

Widows’ benefits will be replaced by bereavement benefits, which will be available equally to men and women, in April 2001.

The changes are to:

- pay a lump sum, bereavement payment, of GBP 2 000 immediately on bereavement to widows and widowers;

- pay a widowed parent’s allowance (equivalent to WMA but also available to widowed fathers) until the youngest child in the family ceases full time further education;
— pay a bereavement allowance to widows and widowers aged 45 and over with no dependent children for up to 12 months.

The changes will not affect existing widows who will continue to receive existing benefits for as long as they satisfy the current qualifying conditions.

- Orphan’s benefit

Guardian’s allowance may be payable if you are entitled to child benefit for a child who has lost both parents whom you have taken into your family. In exceptional circumstances, the allowance may be payable even if one of the child’s parents is still alive. In order to receive guardian’s allowance, you do not necessarily have to be the child’s legal guardian. Leaflet NI 14 Guardian’s allowance gives more details and is available from local social-security offices.

Special rules apply if an orphan’s pension is paid by another Member State. Information may be obtained from the Department’s Child Benefit Centre (see Section 11), and in Northern Ireland from the Department for Social Development, Child Benefit Office, Commonwealth House, Castle Street, Belfast BT1 1DX.

7. Unemployment benefit

Contribution-based job seeker’s allowance is paid for up to 26 weeks, if you are unemployed, capable of and available for work, and are actively seeking work. You will also be required to complete a job seeker’s agreement, setting out the steps you will take to seek work. Only national insurance contributions paid by employees can qualify for benefit — contributions paid by self-employed people do not count. A leaflet giving the current rates of benefits is available from social-security offices or Employment Services jobcentres.

- Qualifying conditions

To get contribution-based job seeker’s allowance, you will need to meet two conditions.

- First, you must 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, you must 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.

Tax years run from 6 April to 5 April. The relevant tax years will usually be the two tax years ending in the year before the benefit year (which starts on the first Sunday in January) in which the claim is made.

Job seeker’s allowance is not normally paid for the first three days of unemployment. It will not be paid if you work for 16 or more hours a week. If you become or remain unemployed without good reason, for example if you leave a job voluntarily, you may be penalised from getting job seeker’s allowance for up to 26 weeks.

Contribution-based job seeker’s allowance is a personal benefit — no additional amounts are paid for a dependent 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.

Periods of insurance or employment completed under the unemployment insurance scheme of another Member State may be used to help you satisfy the contribution conditions, provided that you have become insured under the United Kingdom scheme (that is, normally you must have worked for an employer and there must have been liability for Class 1 conditions, see Section 1) since you last arrived in, or returned to, the United Kingdom. To enable such periods of insurance or employment to be counted, you should submit form E 301 with your claim. If you were not given this form before you came to the United Kingdom, the office at which you make your claim will obtain it for you.

- How to claim

If you become unemployed, you should immediately claim job seeker’s allowance at your local Employment Service jobcentre in Great Britain, or in Northern Ireland at the local social-security office. The addresses of all these offices are available at the local post office. Whilst you remain unemployed you will be required to attend the appropriate offices as directed. Job seeker’s allowance is usually paid fortnightly. It can be paid by girocheque, which can be cashed at a post office, or direct into your bank account.

If you are receiving contribution-based job seeker’s allowance from the United Kingdom and you wish to go to another Member State to look for work there, please consult the Community regulations and leaflet JSAL 22 for details of your rights and what you have to do to get benefit there. You should notify the office which pays your benefit as soon as you know the date on which you will leave the United Kingdom.

8. Family benefit

Child benefit is a cash benefit payable if you are responsible for one or more children under age 16, or up to age 19 if the child is in full-time...
education (but not if on a degree or other advanced course). There are no contribution conditions, but normally the following condition applies: at the time of claim, you (or your husband or wife) and the child should be in the United Kingdom and have been there for more than 182 days in the past 52 weeks. If, however, you or your spouse take up work in the UK as an employed person and you or a member of your family are a national of an EU Member State, you may be entitled to child benefit immediately.

There are special rules if you receive family allowances or benefits from another Member State. For further information contact the Child Benefit Centre, see Section 11 for the address.

Child benefit is payable in addition to any increases of other benefits you may be receiving for your dependants.

Claims in Great Britain should be made to the Child Benefits Centre (see Section 11 below) and in Northern Ireland to the Department for Social Development, Child Benefit Office, Commonwealth House, Castle Street, Belfast BT1 1DX, enclosing the children’s birth certificates if possible. Claim forms can be obtained from local social-security offices.

If your children are living in another Member State, you should also present form E 401 which you may have been given in that Member State. If you do not have this form it will be obtained for you. Payment is made by credit transfer direct into a bank account or by a book of orders which can be cashed at a post office. if your spouse and children are living in another Member State, payment can also be made monthly direct into a bank account in the other Member State or direct to the spouse by a payable order which can be cashed through a bank.

- Working families’ tax credit

This is a weekly, tax free, cash payment for working people bringing up children, where either parent is working 16 hours or more a week. You can claim this tax credit whether you work for an employer or are self-employed. There are no contribution conditions, but you and your partner, if you have one, may not have capital in excess of GBP 8,000 between you. There are conditions relating to residence and presence in the UK which you will also be required to satisfy. There are special rules that apply if your partner works elsewhere within the EU. A leaflet giving more details is available at Inland Revenue enquiry centres, social-security offices and post offices.

Working families’ tax credit is normally paid through the wage packet, although if the claim is from a non-working partner it can be paid by order book cashable at the post office, or by payment direct to a bank or building society.

9. Appeals

Your claim to cash benefits will be decided by a decision-maker. You will be told of the decision and how to contest it. This will include your right to appeal to an independent tribunal.

Any questions relating to contributions are reserved for decision by the Inland Revenue. You have a right of appeal against a decision to the tax appeal commissioners.

There are statutory procedures for investigating complaints against medical practitioners, dentists, opticians or pharmacists. You should contact your local family health services authority if you want to complain. The address and telephone number are in the phone book. Complaints against health service authorities are investigated by a health service commissioner in Great Britain and by the commissioner for complaints in Northern Ireland.

10. Gibraltar

Gibraltar has separate social-security and health-care arrangements to those of the UK. For further information about the Gibraltar Social Security scheme, you should contact the Department of Social Security, 14 Governor’s Parade, Gibraltar. For information about health services, contact the Gibraltar Health Authority, 17 Johnstone’s Passage, Gibraltar.

11. Further information

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

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

- in Great Britain (that is, England, Scotland or Wales):
  Department of Social Security
  Benefits Agency
  Pensions and Overseas Benefits Directorate
  Newcastle upon Tyne NE98 1YX
  United Kingdom
  Tel. (44-191) 225 71 80
Further information about health services in Great Britain, and how to use them, can be obtained from your local health authority (health board in Scotland).

To find out the telephone number of your health authority (health board in Scotland) telephone the freephone health information service on 0800 66 55 44 (0800 22 44 88 in Scotland).

Information about the health service in Northern Ireland can be obtained from the Central Services Agency, 25 Adelaide Street, Belfast BT2 8FH (Tel. (44-28) 905 32 44 31).
1. Introduction
The social protection system in Iceland is mainly a residence-based system. The social-security scheme comprises:
- health insurance (Section 2);
- maternity/paternity insurance (Section 3);
- occupational injury insurance and occupational diseases (Section 4);
- invalidity pensions (Section 5);
- invalidity allowances (Section 6);
- old-age pensions (Section 7);
- death allowance and child pensions (Section 8);
- unemployment insurance (Section 9);
- family benefits (Section 10).

The State Social Security Institute (SSI) administers pension insurance, health insurance and occupational injury insurance in accordance with the Act on Social Security while the Ministry of Health and Social Security is responsible for the supervision of all activities of the SSI.

The SSI administers the maternity/paternity insurance on a daily basis in accordance with the Act on Maternity/Paternity Leave and Parental Leave while the Ministry of Social Affairs exercises general supervision.

The headquarters of the SSI are in Reykjavík. Outside Reykjavík the SSI has agencies.

The Directorate of Labour administers the unemployment insurance in accordance with the Act on Unemployment Insurance, while the Ministry of Social Affairs exercises general supervision. There are allocation committees in each administrative area.

The supplementary occupational pension scheme is compulsory and mostly operated by various private funds governed jointly by the social partners. The funds operate according to the Act on Mandatory Insurance of Pension Rights and on Activities of Pension Funds or have been approved by the Ministry of Finance which is also responsible for the supervision of the activities of the pension funds.

Family benefits are administered by the Directorate of Internal Revenue. The Ministry of Finance exercises general supervision.

All the abovementioned schemes fall under the material scope of the EEA regulations on social security.

2. Health insurance
A. HEALTH SERVICES

- Who is entitled?
A person who is resident in Iceland and who has been resident in Iceland for the last six months is regarded as having health-insurance coverage. Residence refers to legal residence as understood in the Act on Legal Residence. The SSI determines whether an individual is regarded as insured in Iceland.

Children and adolescents, 16 years old and younger, are covered for health insurance with their parents.

- How to obtain benefits
After transferring legal residence to Iceland, there is a waiting period of six months before the person is covered by the health insurance. Periods of insurance, employment or residence in other EEA Member States are taken into account in order to fulfil this six months qualifying condition. When moving to Iceland from another EEA Member State an E 104 (E 106/E 121/E 101 if appropriate) form should be obtained from the insurance institution where the person was last insured. The form should be submitted to the health-insurance department of the SSI or its agencies. The health-insurance department of the SSI issues a health-insurance card at the request of the insured person.

- Benefits
The insurance comprises hospitalisation, including maternity clinics, hospitalisation abroad, general medical assistance outside a hospital by the patient’s physician with whom the SSI has contracted, all necessary examinations and treatment carried out by specialists and institutions with whom the SSI has contracted, medicine, x-ray examinations and radiation, per diem sickness benefits, midwife assistance in cases of births at home, dental and orthodontic treatment, transport costs, travel costs, nursing in the patient’s home, aid apparatus, physiotherapy and nursing homes for the elderly.
The extent of patients’ participation costs in the aforementioned varies according to the service in question.

- **General medical assistance outside a hospital**

The individual pays a minimum fee for the services of a general practitioner or a specialist, outside of a hospital, while the rest is covered by the insurance. This applies to most services.

Old-age pensioners, invalidity pensioners and children with disabilities pay a lower fee.

- **Discount cards**

Discount certificates (aflástarkort) are available to persons who have, during one calendar year, paid a certain amount for physician and health-care services.

- **Hospitalisation**

Insured persons are entitled to free hospitalisation, including maternity clinics, as prescribed by physicians. Hospitalisation is ensured for as long as necessary, along with medical care, medicine and other hospital services.

- **Hospitalisation abroad**

Should an insured person urgently require hospitalisation abroad because he cannot be provided with the necessary assistance in an Icelandic hospital, the SSI pays the costs. The patient’s physician sends an application to a special committee (Siglinganefnd). The committee assesses the need for the hospitalisation abroad and whether conditions apply and where the insured person is to be hospitalised.

- **Medicine**

Costs of medicine which an insured person must of vital necessity use regularly are covered in full. With respect to other necessary pharmaceutical costs the insured person pays a fee.

- **Dental and orthodontic treatment**

The health insurance pays for dental services, other than orthodontic treatment, in accordance with a rates schedule issued by the minister.

The insurance pays 75 % of the cost of dental treatment provided to children and adolescents 15 years of age or younger, excluding gold fillings, crowns and bridgework. For dental treatment provided to adolescents 16 years of age, 50 % of the cost, excluding gold fillings, crowns and bridgework is paid.

For old-age and invalidity pensioners receiving a reduced pension supplement, 50 % of the cost, excluding gold fillings, crowns and bridgework is paid.

The insurance does not pay for the cost of orthodontic care except in cases of congenital defects, accidents or illnesses.

**B. PER DIEM SICKNESS BENEFITS**

- **Qualifying conditions**

The health insurance pays per diem sickness benefits (sjúkradagpeningar) if an insured person who has reached the age of 16 and does not receive an old-age or invalidity pension becomes totally incapacitated for work, provided he/she stops work and wages, if an employed person, cease.

The insured person receives per diem sickness benefits as from and including the 15th day of illness if incapacitated for work for at least 21 days. The waiting period begins on the day when incapacity for work is confirmed by a physician.

Collective agreements provide for the continued payment of wages and salaries for a certain period depending on agreements, in which case sickness cash benefits are not granted.

- **Duration of benefits**

This benefit is payable for a total of 52 weeks in any one period of 24 months.

- **Amount of benefits**

This is a flat-rate benefit, the rate of which is decided in the Act.

Full per diem benefits are paid to persons who have to give up full-time work. Those who give up less than full-time work but at least half-time work, receive half per diem benefits.

A supplement is paid for each maintained child under the age of 18.

- **How to obtain benefits**

When applying for per diem sickness benefits a standard application form should be sent to the SSI or its agencies. Per diem sickness benefits are as a rule not granted retroactively for longer than two months.

**C. MATERNITY CARE**

Women resident in Iceland are entitled to free maternity care. Hospitalisation is ensured for as long as necessary along with medical care, medicine and other hospital services.
• Contributions
The cost of the health insurance is borne in full by the State Treasury. The total annual expenditure of the health insurance must be in accordance with the decision of Parliament (Althing) in the annual State budget.

• Appeals
In the event of disputes arising with respect to the basis, conditions, or amount of benefits according to the Social Security Act the applicant may within three months lodge an appeal with the social-security ruling committee. The social-security ruling committee is made up of three members appointed by the minister. Two members are designated by the supreme court. One member must fulfil conditions for the office of district judges and presides as chairman of the committee but the other must be appointed from the medical profession and is the vice-chairman. One member of the committee is appointed without designation. The committee may seek the counsel and assistance of persons with expert knowledge if necessary.

3. Maternity/paternity benefits

• Who is entitled?
Parents, both the mother and father, are entitled to payments from the maternity/paternity leave fund, after she/he has been active in the domestic labour market for six consecutive months prior to the first day of the maternity/paternity leave. Parents who are studying or without attachment to the labour market are also entitled to benefits.

• Parental leave
Parents, both the mother and the father, have an independent right to maternity/paternity leave of up to three months due to a birth, adoption or the taking of a child into permanent foster care. The father’s right however will gradually increase from one month up to three months from January 2001 to January 2003. In addition parents have a joint right to three additional months, which may either be taken entirely by one of the parents or else divided between them. The parents can choose to take the leave at their convenience in an 18-month period following the birth.

• Benefits
The amount of benefit is 80 % of gross average salary of the parent taking the leave. Salaries that are taken into account are salaries over a 12-month period that ends two months before the birth. While there is a minimum benefit, there is no upper ceiling on payments. Parents who are studying or without attachment to the labour market have a right to a standard rate maternity allowance paid over a nine-month period.

• How to obtain benefits
When applying for parental benefits a standard application form shall be sent to the SSI or its agencies. To receive benefits various certificates must be submitted.

• Contributions
The cost of the maternity/paternity insurance is borne by the maternity/paternity leave fund which is financed through the collection of insurance levy (see Insurance Levy Act).

• Appeals
In the event of disputes arising under the Act on Maternity/Paternity Leave and Parental Leave the applicant may submit a complaint in writing to a complaints board within three months of the time the party to the dispute was notified of the relevant decision. The members of the three-man complaints board are appointed by the Minister for Social Affairs. One is appointed without nomination and two are nominated by the supreme court.

4. Occupational injury insurance and occupational diseases

• Who is insured?
The occupational injury insurance covers employed persons working in Iceland, with the exception of foreign nationals who hold official positions with foreign States and the foreign staff of such officials. Work aboard an Icelandic vessel or aircraft or a vessel or aircraft owned or operated by an Icelandic party is equivalent to work in Iceland if the salaries are paid in Iceland. Self-employed persons are also insured.

Those engaged in household work may ensure their entitlement to occupational injury benefits with respect to such work by making a request to such effect on their tax return at the beginning of each year.

• What the insurance covers
The occupational injury insurance covers accidents in the course of work, apprenticeship, rescue work as well as all forms of athletic training, exhibitions and competition with a recognised athletic club under the supervision of a trainer.

A person is regarded as being at work when he is on the work premises at a time when he is meant to be working as well as during meal and coffee breaks and when on errands on behalf of the
enterprise or when he is on necessary journeys to and from work.

The insurance also covers diseases caused by the noxious effects of substances, radiation or similar conditions which prevail at most for a few days and which must be attributed to the employment.

- **Benefits**
  
  Benefits include:
  - medical assistance;
  - per diem benefits;
  - invalidity benefits;
  - death grants.

**Medical assistance**

If an occupational injury results in sickness or loss of working capacity for 10 days or more, the necessary cost of treatment is covered by the insurance.

**Per diem benefits**

Per diem benefits (slysadagpeningar) are payable as from and including the eighth day following an injury, provided the injured person has been unable to work for at least 10 days. The per diem benefits are paid until the injured person is able to work, is adjudged to be permanently disabled or until death, but in no case for more than 52 weeks.

**Invalidity benefits**

If an injury results in permanent disability, 75 % or more, the injured person is entitled to full invalidity pension, defined in Section 5. Payments for permanent invalidity below 75 % are paid in proportion to the percentage of invalidity. If the loss of capacity is less than 50 % the SSI may pay a lump-sum invalidity benefit equivalent to a pension for the person concerned for a given number of years.

When the degree of disability is assessed to be greater than 50 %, a supplementary pension for a spouse and/or children under 18 years of age who are maintained by the beneficiary at the time of the injury, is provided according to certain provisions.

**Death grants**

If an injury results in death within two years of its occurrence, death grants are paid (dánarbæturgagnar fyrir slysa) according to specific provisions.

A widow/widower receives a monthly grant for eight years. Child pension is paid for each child. Benefits are also paid for disabled children over 16 who were maintained by the deceased when the injury occurred, depending on the extent to which the child was supported by the deceased.

- **Application for benefits**
  
  On the occurrence of an accident which may be considered as giving rise to benefits from the occupational injury insurance the employer or in absence of an employer, the insured person, should immediately report the incident to the chief of police or his representative (in Reykjavík to the SSI) in the form prescribed by the SSI. The chief of police forwards the report to the SSI together with all necessary information.

Failure to report the injury by the person whose duty it is to do so does not debar the injured person or his surviving relatives from claiming benefits if this is done within one year of the accident. Benefits may be paid even when more than one year has elapsed if circumstances are so clear that the delay does not obstruct the collection of evidence.

- **Contributions**
  
  The cost of the occupational injury insurance is borne by State revenues generated through collection of payroll tax, premiums and an annual contribution allocated in the State budget.

- **Appeals**
  
  See under Section 2.

5. **Invalidity pensions**

- **Who is entitled?**
  
  Persons between the ages of 16 and 67 who are resident in Iceland and have been resident in Iceland for at least the three years immediately prior to application are entitled to an invalidity pension (óriktuféyrir) if they have had their permanent disability assessed at 75 % as a result of a medically recognised disease or invalidity. Residence refers to legal residence as understood in the Act on Legal Residence.

- **Pension rates**
  
  Individuals with residence in Iceland for at least 40 years between the ages of 16 and 67 are entitled to a full invalidity pension (40/40). For shorter periods the invalidity pension is calculated in proportion to the periods of residence.

  The invalidity pension consists of a basic pension (grunnféyrir) a pension supplement (tekjutrygging), and an additional pension supplement (tekjutryggingsauki). The basic pension, the pension supplement and the additional pension supplement are calculated according to other income.
**Basic pension**

The basic invalidity pension is reduced if the annual income criterion of individuals is higher than a certain level. The pension is payable in accordance with the same rules as the old-age pension (Section 7). Income in this respect does not include other social-security benefits, income from pension funds, benefits under the Social Assistance Act or housing benefits.

**Pension supplement**

If the annual income criterion of a person receiving invalidity pension does not exceed a certain amount per annum he is entitled to a supplement in addition to his basic pension. Special rules apply to the joint income of a couple. Social security benefits, benefits under the Social Assistance Act, housing benefits and assistance from local authorities are not included as income guidelines.

Should annual income criterion reach a certain ceiling the invalidity pension is withdrawn.

**Additional pension supplement**

When a pensioner has no other or a very low income besides his pension he may be entitled to an additional pension supplement.

**Child supplement**

Recipients of invalidity pension are entitled to a supplement for each child. A child pension is paid in respect of children under 18 years of age if the parent is an invalidity pensioner, provided that the child itself or either of its parents has been resident in Iceland for at least three years immediately prior to application. If both parents are invalidity pensioners a double child pension is paid.

**How to claim pensions**

The applicant submits a standard application form to the SSI. The applicant’s physician fills out a medical report and sends it to the SSI. The applicant will also be asked to answer a questionnaire giving information about his abilities.

**Assessment of the degree of invalidity**

The chief medical officer assesses the degree of invalidity of applicants in accordance with a standard established by the SSI based on the consequences of medically recognised diseases or invalidity. The chief medical officer may also set the condition that an applicant undergoes a special assessment of his prospects of rehabilitation and an appropriate rehabilitation programme before a disability assessment is made.

**Payment of benefits**

Benefits are paid in advance on the first day of each month.

**Contributions**

The cost of the social-security pension insurance is born by the State Treasury through revenues generated, that is, the social-security contribution.

**Appeals**

See under Section 2.

6. **Invalidity allowances**

An invalidity allowance (örorkustyrkur) may be paid to persons who have lost at least one half of their working capacity and who otherwise fulfil the conditions for an invalidity pension except those relating to the degree of invalidity. Invalidity allowance is income-regulated.

The recipient of an invalidity allowance who has reached the age of 62 receives an allowance amounting to a full invalidity basic pension.

An invalidity allowance may also be paid to a person who is fully employed but has to meet considerable extra expenses on account of his invalidity.

**Child supplement**

A child supplement may be paid in respect of children if a parent receives an invalidity allowance.

**How to claim an invalidity allowance**

The applicant submits a standard application form to the SSI and his physician fills out a medical report and sends it to the SSI.

**Payments of benefits**

Benefits are paid in advance on the first day of each month.

**Contributions**

See under Section 5.

**Appeals**

See under Section 2.

7. **Old-age pensions**

**Who is entitled?**

Persons 67 years of age or older who have been resident in Iceland for at least three calendar years between the ages of 16 and 67 are entitled to an old-age pension (ellilífeyrir). Residence refers to
legal residence as understood in the Act on Legal Residence.

- **Pension rates**

  Individuals with residence in Iceland for at least 40 calendar years between the ages of 16 and 67 are entitled to a full old-age pension (40/40). In cases of shorter periods, the old-age pension is payable in proportion to the period of residence. The old-age pension consists of a basic pension (grunnlífeyrir), a pension supplement (tekjutrygging) and an additional pension supplement (tekjutryggingsarauki). The basic pension, the pension supplement and the additional supplement are calculated according to other income.

  **Basic pension**

  The basic old-age pension is reduced if the annual income criterion of individuals is higher than a certain level. If the income is above the said maximum the old-age pension is reduced up to the point where it lapses entirely. Income in this respect does not include other social-security benefits, income from pension funds, benefits under the Social Assistance Act, or housing benefits. Special provisions apply to the entitlements of seamen to an old-age pension.

  **Pension supplement**

  If the annual income criterion of a person receiving old-age pension does not exceed a certain amount per annum he is entitled to a supplement in addition to his basic pension. The supplement is reduced when income is greater than a certain amount per annum. Special rules apply to the joint income of a couple.

  **Additional pension supplement**

  When a pensioner has no other or very low income besides his pension he may be entitled to an additional pension supplement.

- **Child supplement**

  The social-security board may decide to pay a child pension for the child of an old-age pensioner.

  **How to claim pensions**

  To claim an old-age pension a standard application form of the SSI is submitted to the pension department of the SSI in Reykjavík or its agencies.

  **Payments of benefits**

  Benefits are paid in advance on the first day of each month. Child pensions are paid to the financial guardian of the child.

- **Appeals**

  See under Section 2.

8. _Death allowance and child pensions_

- **Death allowance**

  When a person resident in Iceland is widowed before reaching the age of 67 he or she may be paid an allowance (dánarbætur) for six months following the spouse’s death.

  If the recipient maintains a child under the age of 18 or in other special circumstances he/she may be paid an allowance for a further period.

- **Child pensions**

  A child pension (barnalífeyrir) is paid in respect of children under 18 years of age either of whose parents is deceased or is an invalidity pensioner, provided that the child itself or either of its parents has been resident in Iceland for at least three years immediately prior to application. If both parents are deceased or are invalidity pensioners a double child pension is paid.

  **How to claim benefits**

  The applicant must submit a standard application form to the SSI or its agencies.

  **Payments of benefits**

  Benefits are paid in advance on the first day of each month. Child pensions are paid to the financial guardian of the child.

  **Contributions**

  See under Section 5.

  **Appeals**

  See under Section 2.

9. _Unemployment insurance_

- **Who is entitled?**

  Employees and self-employed persons resident in Iceland may be entitled to unemployment benefits when they are unemployed (non-EU citizens must have a permanent work permit). They must be registered at the unemployment office, be actively seeking work and available for the labour market.

  **Benefits**

  Benefits are flat-rate per diem cash benefits. A period of 10 weeks’ full-time work during the last 12 months gives entitlement to minimum benefits and full-time work during the last 12 months gives
entitlement to maximum benefits. Part-time work reduces the benefits proportionally. In addition self-employed persons must have paid social-security contributions during the last 12 months before ceasing employment and becoming unemployed to get full benefits. There is a daily supplement for children.

Benefits are paid for a maximum of five years. When a person receiving unemployment benefits starts work the benefit period will be prolonged accordingly.

- **Waiting period**

There is no waiting period when the unemployment is not caused by any fault of the employee, but in case of resignation from work or when the employment ceases due to a fault of the employee the waiting period is 40 working days for the first time. The benefit period will be reduced accordingly.

- **Contributions**

The unemployment insurance is financed by a social-security contribution imposed on all remuneration paid for dependent personal services and presumptive employment income of the self-employed

10. Family benefits

- **Who is entitled?**

Family benefits are paid for children up to the age of 16 who are resident in Iceland and supported by those who are subject to unlimited tax liability in Iceland according to the tax law.

- **Benefits**

Child benefits are assessed and paid on the basis of income as declared for the previous year. Advance payments are made on 1 February and 1 May each year. The annual amount depends on the age of the children and whether or not the parents are married, cohabiting parents or single. The benefits are reduced according to certain rules when taxable income exceeds a certain limit.

11. Supplementary occupational pension scheme

- **Who is entitled?**

All economically active persons must belong to an occupational pension fund.

- **Benefits**

Benefits from the occupational pension scheme are invalidity pensions, old-age pension and survivors’ benefits. Benefits and conditions may vary, depending on the regulations of each pension fund.

- **Contributions**

The occupational pension scheme is financed by contributions. The employee pays 4 % and the employer pays 6 % of salaries into the pension fund.

12. Further information

For further information, please contact:

Tryggingastofnun ríkisins (State Social Security Institute)
Laugavegur 114
IS-150 Reykjavík
Tel. (354) 560 44 00
Fax (354) 562 45 35
Internet: http://www.tr.is

Úrskurðarnefnd almannotyrginga (Social Security Ruling Committee)
Laugavegur 103
IS-150 Reykjavík
Tel. (354) 551 82 00
Fax (354) 551 14 44

Úrskurðarnefnd fæðingar- og foreldraorlofsmála (Maternity/Paternity and Parental Leave Complaints Board)
Félagsmálaráðuneyti
Hafnarhúsinu Tryggvagötu
IS-150 Reykjavík
Tel. (354) 560 91 00
Fax (354) 522 48 04

Vinnumálastofnun (Directorate of Labour)
Hafnarhúsið v/Tryggvagötu
IS-150 Reykjavík
Tel. (354) 515 48 00
Fax (354) 511 25 20
Internet: http://www.vinnumala.is

Úrskurðarnefnd atvinnuleysísboða (Unemployment Insurance Complaints Board)
Vinnumálastofnun
Hafnarhúsið v/Tryggvagötu
IS-150 Reykjavík
Tel. (354) 515 48 00
Fax (354) 511 25 20

Heilbrigðis og tryggingamálaráðuneyti (Ministry of Health and Social Security)
Laugavegur 116
IS-150 Reykjavík
Tel. (354) 560 97 00
Fax (354) 551 91 65
Internet: http://www.stjr.is/htr
Félagsmálarðuneyti (Ministry of Social Affairs)
Hañnarhúsinnu Tryggvagötu
IS-150 Reykjavík
Tel. (354) 560 91 00
Fax (354) 552 48 04
Internet: http://www.stjr.is/fel

Ríkisskattstjóri (Directorate of Internal Revenue)
Laugavegur 166
IS-150 Reykjavík
Tel. (354) 563 11 00
Fax (354) 562 44 40
Internet: http://www.rsk.is

Landssamtök lífeyrrissjóða (National Association of Pension Funds)
Saetún 1
IS-105 Reykjavík
Tel. (354) 563 64 50
Fax (354) 563 64 01
Internet: http://www.ll.is/
1. Introduction

- **Benefits**
  
The Liechtenstein social-security system provides the following benefits:

  **Benefits financed by contributions from insured persons and/or their employers:**
  - sickness and maternity benefit (in cash and in kind);
  - benefits in the event of occupational accidents and illnesses;
  - benefits in the event of disability, old age and death;
    - ('first pillar': national scheme for persons resident or gainfully employed in Liechtenstein;
    - ‘second pillar’: occupational scheme for all employees)
  - unemployment benefits;
  - family benefits.

  **Benefits financed by the State from general tax revenue**
  - supplementary benefits in addition to old-age, survivors’ and disability pensions;
  - helplessness allowances;
  - maternity allowances;
  - blind persons’ allowances.

- **How to register for social insurance**
  
If you are an employee, your employer must complete the necessary formalities to ensure that you are covered by social insurance. If you are self-employed or unemployed, you have to register with the relevant social insurance bodies yourself. The addresses of the bodies that provide information and administer benefits are listed in Section 13 below.

- **Contributions**
  
If you are an employee, your employer is responsible for the regular payment of contributions. To this end, your share of the contribution is deducted from your pay and transferred, together with the employers’ share, to the competent social-security institution.

If you are self-employed, unemployed or voluntarily insured, you must pay contributions direct to the competent social-security institutions.

- **Legal remedies**
  
Appeals may be lodged in the courts against decisions by the social insurance institutions. The scope and deadlines for appeals depend on the branch of social security concerned. Decisions by the social insurance institution concerned are accompanied by information on the legal remedies available.

2. Sickness and maternity

Sickness insurance in Liechtenstein provides protection in the event of sickness and maternity in the form of benefits in kind, cash sickness benefits and maternity benefits.

- **Compulsory insurance**
  
All persons who are resident or gainfully employed in Liechtenstein (except for frontier workers from a country that does not have social security agreements with Liechtenstein) must take out sickness care insurance. Persons must register individually with a sickness insurance fund, and contributions are levied for each insured person (individual system).

Insurance cover is provided from the first day of fund membership unconditionally and irrespective of existing illnesses or pregnancy.

All employees aged over 15 who work in Liechtenstein for an employer with a registered office or establishment in Liechtenstein must be covered by insurance for cash sickness benefit. Registration for cash sickness benefit is the responsibility of the employer. Contributions are deducted mainly in the form of a percentage of earnings.

In Liechtenstein, five sickness insurance funds (private insurance institutions) currently have a concession granted by the government to provide statutory sickness insurance.

A. SICKNESS CARE INSURANCE

- **Individual benefit categories**
  
  - Examinations, treatment and therapy by a doctor, chiropractor or, under a doctor’s prescription, persons in other health-care professions (such as physiotherapists or outpatient care organisations), together with medicines, medicinal products and analyses prescribed by a doctor;
  - examinations, treatment and care in hospitals or partly in hospitals (general departments);
— contributions to cures prescribed by doctors;
— ambulance transport where required by the condition of the patient;
— contributions to cover expenditure over and above normal subsistence costs in connection with home care, where this is medically prescribed and, if not provided, care in a hospital or nursing establishment would otherwise be required.

There is no time limit on the benefits provided, apart from the contributions to cures.

The insured person may have to contribute part of the costs depending on age and the insurance system chosen (see below).

● The insurance systems

In Liechtenstein, there are two insurance systems. In one (basic system), insured persons are able to consult directly any doctor or specialist at home or abroad. Alternatively, they can opt for the general practitioner system. In the latter case, they undertake, when sick, to consult first their general practitioner, who is authorised under this system to provide basic care. Where necessary, the general practitioner will refer patients to a specialist or other service provider.

B. CASH SICKNESS BENEFIT

If you are unable to work because of sickness, you are entitled from the second day onwards to a cash sickness benefit until you are able to work again. However, the benefit is payable for at most 720 days within a period of 900 consecutive days. If you are completely unable to work, the benefit is at least 80% of the pay you would have otherwise received. You are not compulsorily insured if you work for an employer for fewer than eight hours a week. However, in such cases or if you are self-employed, you may take out cash sickness benefit insurance voluntarily.

C. MATERNITY BENEFITS

All benefits payable by the sickness insurance funds in the event of sickness are also provided during pregnancy. Women registered with a fund for at least 270 days up to the date of birth are entitled to cash sickness benefit for 20 weeks. Of these, at least 16 weeks must follow the birth. Cash benefits for maternity are the same as those for sickness.

3. Occupational accidents and illnesses

Accident insurance provides protection against the risk of occupational accidents, occupational illnesses and non-occupational accidents.

● Compulsory insurance

All employers are obliged to take out insurance against occupational accidents and illnesses for persons they employ in Liechtenstein. Employees who work at least eight hours a week must also be insured against non-occupational accidents. The self-employed are not compulsorily insured, but may take out voluntary insurance.

Accident insurance is provided by private institutions authorised for this purpose by the Liechtenstein Government.

The contributions for occupational accident and illness insurance are paid by the employer, while the contributions to the non-occupational accident insurance scheme are deducted as a percentage from the employee’s pay.

● Benefits in kind under the accident insurance scheme

The accident insurer provides the following benefits:
— treatment, including out-patient treatment by a doctor, dentist or, upon prescription, other health-care professionals;
— medicines and analyses prescribed by the doctor or dentist;
— stay in the general department of a hospital;
— cures prescribed by the doctor;
— aids to compensate for physical injuries or disabilities;
— any search and rescue costs necessary and any travel or transport costs incurred for medical reasons;
— costs of transporting remains to the place of burial and burial costs.

● Cash benefits under the accident insurance scheme

If you are unable to work as a result of an accident, you are entitled to a cash benefit from the second day after the accident. If you are completely unable to work, the benefit is 80% of your insured earnings.

In the event of disability following an accident, you are entitled to a disability pension. If you require help as a result of your disability to provide for your everyday needs, you are also entitled to a ‘helplessness’ allowance (the amount depending on the degree of helplessness).

The survivors of a person dying as a result of an accident are entitled to survivors’ pensions (widow(er)’s and orphan’s pensions).
4. Disability

- **Three-pillar system**

Disability insurance is based on a three-pillar system:

- the first pillar comprises all persons gainfully employed in Liechtenstein (employees and the self-employed) and persons who are resident in Liechtenstein but not employed (housewives/men — who also have to pay compulsory contributions). Cover is provided by an independent public institution. Old-age and survivors’ insurance (AHV, see Section 5), disability insurance (IV) and the family equalisation fund (FAK, see Section 8) are administered by a single institution (AHV-IV-FAK institutions) under State supervision;

- the second pillar (occupational insurance scheme) covers employees whose annual earnings exceed a certain threshold. For the obligatory part of the scheme, annual earnings are considered only up to a certain maximum limit. The self-employed may voluntarily join the occupational insurance scheme for their employees. For second-pillar insurance, an allowance is deducted from annual earnings to avoid duplicate insurance under the first and second pillars. Second-pillar insurance is provided by various institutions (legally independent of the employer) in accordance with statutory provisions. The individual insurance institutions are under State supervision;

- the third pillar comprises voluntary insurance (for example, supplementary insurance over and above the obligatory requirement under the second pillar or private individual insurance).

- **Benefits under the Liechtenstein disability insurance scheme (first pillar)**

Disability insurance provides for reintegration measures and pensions.

An attempt is first made with reintegration measures to find new employment for a disabled person (for example, retraining with daily allowance, vocational guidance, job placement, trial employment, wage subsidies for employers hiring disabled persons, or other aids).

If reintegration is unsuccessful, the insured person (if he or she has paid contributions for at least one full year) will receive a quarter pension from 40% disability, a half pension from 50% disability and a full pension from 66.66% disability.

For calculating the amount of pension, the same rules are applied as for old-age and survivors’ insurance (see Section 5). However, a disability pension is not payable until the disability in question has existed for one year and is likely to continue.

- **Benefits under an occupational pension scheme (second pillar)**

A disabled person is entitled to an occupational pension until he or she reaches retirement age. As a rule, a pension will be what is paid, but the insurance institution may also provide for a lump-sum payment.

In the event of disability, the insurance institution will pay a minimum benefit corresponding to an annual 30% of eligible earnings (plus child pension). This amount applies to full disability. In the case of partial disability, the amount of benefit is set correspondingly lower depending on the degree of disability.

5. Old age

- **Three-pillar system**

There is a three-pillar system for old-age pensions too (see Section 4).

- **Benefits under the Liechtenstein old-age and survivors’ insurance scheme (first pillar)**

Persons must have paid contributions for at least one full year to be entitled to a pension.

Although the normal retirement age is 64, there are other transitional arrangements:

<table>
<thead>
<tr>
<th>Date of birth</th>
<th>Normal retirement age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1935 to 1940</td>
<td>62</td>
</tr>
<tr>
<td>1941 to 1945</td>
<td>63</td>
</tr>
<tr>
<td>1946 and later</td>
<td>64</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of birth</th>
<th>Normal retirement age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1935 and earlier</td>
<td>65</td>
</tr>
<tr>
<td>1936 and later</td>
<td>64</td>
</tr>
</tbody>
</table>

Under the flexible retirement arrangements, men and women may choose to retire at any time between the ages of 60 and 70 independently of their spouses. The early pension is permanently reduced, that is, even after the normal retirement age is reached — with a reduction of 16.5% for early retirement at 60. Conversely, postponing retirement increases the actuarial value of the pension.
The calculation of the old-age pension is based on two factors:
- the contribution period (or insurance period) determines the pension scale for the insured person;
- within the individual pension scale, the amount of pension depends on total contributable earnings over the entire insurance period, whether the persons had children (child-rearing credits) or they were voluntarily looking after persons in need of care (care credits); in addition, the amount is split into two equal halves for married couples for the number of calendar years of their marriage, provided the couple was insured during these years in Liechtenstein.

In addition to the old-age pension, child pensions are also paid (for all children under the age of 18, for children who are in education until the completion of their studies, though only up to the age of 25). During a transitional phase until the equal treatment of the sexes becomes law, the husband's pension may be supplemented where his wife is over the age of 55 and has not yet acquired any pension entitlement herself.

Old-age pensioners resident in Liechtenstein are also entitled to contributions towards the costs of certain aids, such as hearing aids etc.

- **Benefits under occupational pension schemes (second pillar)**

Insurance contributions have to be paid for old-age benefits under occupational pension schemes by employees who are 23 years of age and have been in employment for more than nine months.

Each insured person accumulates a capital sum for their old age in that a proportion of their contributions to the insurance institution is credited to a personal old-age account. The amount of old-age benefit depends ultimately on how much old-age capital has been accumulated by the time of retirement.

### 6. Death

- **Three-pillar system**

The three-pillar system applies to survivors' pensions as well (see Section 4).

- **Benefits under the Liechtenstein old-age and survivors' insurance scheme (first pillar)**

There is an entitlement to a survivors' pension provided the deceased person had paid contributions for at least one year.

A widow(er)'s pension may be paid for either a limited period or indefinitely (depending on various factors: children, duration of marriage, age). Persons who are already drawing an old-age or disability pension in their own right may have their pension supplemented by a widow(er)'s supplement upon the death of their spouse.

Children under the age of 18 are entitled to an orphan's pension, as are children still in education until the completion of their studies, though only up to the age of 25.

- **Benefits under occupational pension schemes (second pillar)**

In the event of death occurring before retirement age, the survivors receive an orphan's or a widow(er)'s pension until the date on which the insured person would have reached retirement age.

### 7. Unemployment

All employees and trainees are covered by unemployment insurance.

The verification and payment of cash benefits in the event of unemployment is the responsibility of the Amt für Volkswirtschaft (Office for the National Economy). The main benefits are:
- unemployment benefit;
- short-time working benefit.

In addition, the Amt für Volkswirtschaft provides information on benefit entitlements, acts as an employment exchange and supports training for the unemployed.

- **Unemployment benefit**

Insured persons are entitled to benefit if they were working for an employer and have become unemployed, and
- register as unemployed with the Amt für Volkswirtschaft and claim benefit;
- are available for work, that is, are employable and willing to accept any reasonable employment;
- were insured for a minimum period, that is, in the two years preceding unemployment, they were in employment subject to unemployment insurance contributions for at least six months.

The duration of unemployment benefit depends on age. Benefit is payable over a maximum of two years, during which it is paid for at least 250 days, which is increased to:
- 400 days from the age of 50; and
- 500 days from the age of 60 until retirement.
In certain circumstances, no benefit is payable for a limited duration.

- **Short-time working benefit**

  In the event of work stoppages due to economic reasons or the weather, insured persons receive a short-term working benefit in the form of daily allowances paid by the unemployment insurance scheme via the employer. In the case of weather-related work stoppages, the entitlement is confined to the building and landscaping trades and to the period from the beginning of December to mid-March.

- **Formalities**

  While drawing benefit, insured persons are obliged to report to the employment service of the Amt für Volkswirtschaft when required to do so. In addition, they are obliged to report any changes in their personal circumstances.

- **Other benefits in the event of unemployment**

  During unemployment, State and occupational pension insurance contributions continue to be paid by the unemployment insurance scheme (but not old-age pension contributions under the second pillar). In addition, the unemployment insurance scheme pays the employer's contributions towards sickness care insurance. In the event of illness, the unemployment insurance scheme also pays the cash benefit during the first 30 days of sickness.

- **Insolvency compensation**

  In the event of the bankruptcy of the employer or the unsuccessful attachment of assets, insured persons receive insolvency compensation from the unemployment insurance scheme. This covers wages due over a maximum of three months within the last six months before the ending of the employment contract.

8. **Family benefits**

  Benefits are provided by an independent public institution (Liechtensteinische Familienausgleichskasse, FAK) under State supervision.

  Entitled to benefits are non-working persons resident in Liechtenstein and all persons employed in Liechtenstein (unless otherwise provided for in international agreements, for example, where one of the parents is gainfully employed abroad).

  The benefits are as follows:
  - lump-sum birth allowance (also for the adoption of children under the age of 5),
  - monthly child allowance (payable until the child reaches the age of 18),
  - monthly single-parent's allowance (payable until the child reaches the age of 18),
  - annual compensation payment for persons whose entitlement to a foreign benefit takes precedence over the claim to a Liechtenstein allowance (difference between the foreign and Liechtenstein allowances).

9. **Supplementary benefits in addition to old-age, survivors’ and disability pensions**

  Entitled to such benefits are persons of pensionable age (including recipients of early retirement pensions), survivors (widows, widowers and orphans), the disabled (with at least a 50 % disability), recipients of daily allowances under the disability insurance scheme and recipients of helplessness allowances (these do not have to be Liechtenstein benefits).

  For these benefits, factors such as residence, income and assets are taken into account. The amount of benefit thus depends on personal circumstances (family composition) and financial situation.

  The benefits are funded from tax revenue. Administration is the responsibility of the Liechtenstein old-age and survivors' pension insurance institutions.

10. **Helplessness allowances**

  Where no compensation for helplessness is payable under an accident insurance scheme, persons resident in Liechtenstein are entitled to helplessness allowances.

  Persons are considered to be ‘helpless’ depending on the degree to which they require the assistance of third persons in providing for their daily needs (dressing/undressing, standing up/sitting/lying down, eating, personal hygiene, moving about). Three degrees of helplessness are distinguished: severe, medium and moderate. Persons over the age of 65 are entitled to a helplessness allowance only in the event of at least medium helplessness (unless they were already in a situation of moderate helplessness before reaching retirement age).

  These allowances are funded from tax revenue. Administration is the responsibility of the old-age and survivors’ insurance scheme (AHV) or the disability insurance scheme (IV).
11. Maternity allowances

Women who have recently given birth but who are not entitled to sickness benefit during maternity leave under the compulsory sickness insurance scheme receive a lump-sum tax-free maternity allowance from the State. Where the amount of sickness benefit payable under the compulsory sickness insurance scheme in the event of maternity is less than the fixed amount for the maternity allowance, the difference is paid.

To be entitled to a maternity allowance, the mother must be officially resident in Liechtenstein.

The amount of the allowance depends on the taxable earnings of both spouses or those of the mother if she is single. The allowance is payable only up to a specified maximum amount of taxable earnings.

12. Allowances for blind persons

The amount of the allowance depends on the degree of visual impairment (completely blind, effectively blind, severely visually impaired). Only residents of Liechtenstein from the age of six are entitled to such an allowance.

The allowances are funded from tax revenue. Administration is the responsibility of the disability insurance scheme (IV).

13. Further information

Any further information (for example, details of the social-security benefits described above, your insurance periods and legal remedies against decisions by the social insurance institutions) may be obtained from the addresses below.

— For additional information on sickness, maternity, occupational accidents and illnesses, unemployment and occupational insurance schemes covering disability, old-age and death (second pillar):
  
  Amt für Volkswirtschaft
  Gerberweg 5
  FL-9490 Vaduz
  Tel. (423) 236 68 71
  Fax (423) 236 68 89

— For additional information on old-age and survivors’ pensions (first pillar), disability pensions (first pillar) and family allowances, together with information on supplementary benefits in addition to old-age, survivors’ and disability pensions, helplessness allowances and allowances for blind persons:
  
  AHV-IV-FAK-Anstalten
  Gerberweg 2
  FL-9490 Vaduz
  Tel. (423) 238 16 16
  Fax (423) 238 16 00
  Internet: www.ahv.li
1. Introduction

Social security benefits in Norway include the following:

— medical care, maternity and adoption benefits, sickness benefit and rehabilitation (Section 2 below);
— benefits for accidents at work and occupational diseases (Section 3);
— old-age pensions (Section 4);
— disability benefits and pensions (Section 5);
— funeral grant (Section 6);
— survivors’ benefits (Section 7);
— unemployment benefits (Section 8);
— family benefits (Section 9);
— cash benefit for families with small children (Section 10).

Contributions

The national insurance scheme is financed by contributions from employees, self-employed persons and pensioners, employers’ contributions and contributions from the State. Contribution rates and State grants are decided by Parliament. Figures given here apply for 2000.

Contributions from employees and self-employed persons are calculated on the basis of gross income from work.

The contribution rate for employees is 7.8 % of pensionable income (gross wage income). The rate of a self-employed person’s contribution is 10.7 % of pensionable income (from self-employment) up to 12 times the basic amount (the basic amount being NOK 49 090 as of 1 May 2000), and 7.8 % of income exceeding 12 times the basic amount.

As a main rule, a contribution will not be charged on pensionable income exceeding an upper limit of 16.75 and/or 134 times the basic amount, respectively, as laid down for certain categories of self-employed. The contribution rate for other kinds of personal income (pensions etc.) is 3.0 %.

The employer’s contribution is assessed as a percentage of paid wages. The contributions vary according to the regional zone in which the employees reside. However, enterprises within certain branches are liable to pay employer contributions at the highest rate irrespective of where the employee is.

Who is covered by social security?

All persons residing or working in Norway are compulsorily insured under the national insurance scheme. Certain categories of Norwegian citizens working abroad (public service etc.) are also compulsorily insured.

Norwegian and EEA sailors working aboard ships flagged in Norway are insured under the national insurance scheme for all contingencies regardless of place of residence, except hotel and restaurant staff aboard cruise vessels registered in the Norwegian International Ships Register.

Persons who are not insured, but are either staying in Norway or are staying outside Norway and who fulfil certain conditions concerning previous periods of insurance etc. may apply for voluntary insurance.

How to obtain benefits

Claims for benefits from the national insurance scheme should be submitted to the local insurance office in your place of residence, stay or work. Claims for unemployment benefits, however, should be submitted to the local employment office.

Decisions are made by the local insurance office concerning medical benefits, sickness and maternity benefits, rehabilitation allowance during medical treatment, old-age pension, invalidity benefits (basic and assistance benefits), survivors benefits and most of the claims for benefits to improve general functional capacity. Claims for disability pension, occupational injury pension and some claims for benefits to improve general functional capacity, are handled by the regional insurance offices.

Claims for rehabilitation assistance are settled in cooperation with the Directorate of Labour.

Claims for pension benefits etc. from persons residing abroad should be submitted to the National Insurance Office for Social Insurance Abroad (see Section 11 below), either direct or through a liaison body in the State where the applicant resides.

Appeals

If a claim for benefit is rejected, the decision may be appealed within six weeks through the local insurance office.

Decisions made by the local insurance office are handled by the regional insurance office or the national insurance administration. A further
appeal to their decision may be made to the national insurance court of appeal within six weeks. The court of appeal, however, may only review the legal aspects of the decision made by the regional insurance office or the national insurance administration.

Decisions made by the regional insurance office may be appealed direct to the national insurance court of appeal which conducts a full examination of the case.

A decision made by the regional insurance office regarding benefits to improve general functional capacity may, however, be appealed to the national insurance administration, whose judgment may be appealed to the insurance court of appeal for a limited examination.

Judgments made by the Directorate of Labour may also be appealed to the national insurance court of appeal.

2. Sickness, maternity and adoption

A. HEALTH SERVICES

All insured persons are granted free accommodation and treatment, including medicines, in hospitals. In the case of treatment given outside hospitals, the following provisions apply.

The patient has to pay a share of the cost of treatment by a general practitioner or a specialist, of treatment by a psychologist, of prescriptions of important drugs, and of transportation expenses in connection with examination or treatment. The main part of the expenses is covered by the municipality and/or the national insurance scheme. The cost-sharing amount for an adult treated by a general practitioner is NOK 110 for each consultation, and 36 % of the cost of important major drugs (maximum NOK 340 per prescription). For repeat prescriptions a new cost-sharing amount shall be paid when a supply equal to three months’ consumption has been received.

A ceiling for cost-sharing by patients has been introduced, which is fixed by Parliament for one year at a time (NOK 1 370 in 2000). After the ceiling has been reached, a card is issued giving entitlement to free treatment, drugs and transportation for the rest of the calendar year.

Cost-sharing amounts for children under the age of 16 are added to those of a parent in order to reach the ceiling. Children under the age of seven are exempted from cost-sharing for treatment given by a physician or physiotherapist, for certain medicines and travel expenses.

B. CASH SICKNESS BENEFIT

If you are employed, cash benefit is calculated on the basis of your income before you fell ill. If you are self-employed, the benefit is calculated on the basis of income from self-employment.

- Qualifying conditions

An insured person who has an annual income of at least half of the basic amount (NOK 24,545) is entitled to cash benefits in the case of sickness if he or she is incapable of working due to sickness.

As a general rule the occupational activity must have lasted for at least 14 days.

- Amount and duration of sickness benefit

Cash benefits for employees equal 100 % of pensionable income, and are paid from the first day of sickness for a period of 260 days (52 weeks). Income exceeding six times the basic amount (NOK 294,540) is not taken into account.

Cash benefits in the case of sickness are paid by the employer for the first 16 calendar days, and thereafter by the national insurance scheme. During the period in which daily cash benefits are paid by the employer, no minimum income level is required.

Self-employed persons get sickness benefits corresponding to 65 % of pensionable income from the 15th day of sickness for a period of 250 days (50 weeks). By voluntarily paying a higher rate of contributions, self-employed persons may receive 65 % of pensionable income from the first day of sickness or 100 % from the 15th day or the first day of sickness.

The contribution rates are 1.6, 2.8 or 8.8 % respectively. Farmers and reindeer-herding Lapps get sickness benefit corresponding to 100 % of covered earnings from the 15th day of absence, and may voluntarily pay 3.7 % in order to receive 100 % of covered earnings from the first day of absence.

C. MATERNITY AND ADOPTION

- Maternity

An insured woman, who has been working for six out of the 10 months preceding the commencement of the period of paid leave, is entitled to cash benefits in the case of maternity.

An insured woman is entitled to cash benefit for 42 weeks (210 days). Daily cash maternity benefits are equal to cash sickness benefits (100 % of covered earnings). The period of paid leave may, if preferred, be prolonged to 52 weeks (260 days) combined with a reduced compensation rate (80 % of covered earnings).
Three weeks of the benefit period must be made use of by the mother before the confinement. Benefits are payable from 12 weeks before confinement, if so wished.

An employee who is legally compelled to cease working before confinement due to hazardous working conditions/environment, is entitled to paid leave from the time she has to stop working, without reducing the entitlement to paid leave after confinement.

In the case of multiple births, the woman is entitled to full cash benefits for five more weeks (seven weeks with reduced rate) for each child exceeding the first.

It is required that the mother takes at least six weeks’ leave immediately following the confinement. If the mother resumes work before the period of paid maternity leave has elapsed, the father is entitled to the cash benefits for the remaining period. Four weeks of the total cash benefit period are reserved for the father. The condition for granting cash benefits to the father is that he stays at home to take care of the child. The requirement of a preceding work period must in these cases also be met by the father. Insured fathers are entitled to daily cash benefits in the case of maternity based on their own earnings, regardless of whether the mother qualifies, provided that she, after the birth, takes up work or education and the father takes over the daily care of the child. In these cases the period of paid leave is 29 or 39 weeks respectively.

A woman not entitled to cash benefits in the case of maternity receives a grant of NOK 32 138 (also paid to a woman who is entitled to an amount of cash benefit lower than this grant).

- **Adoption**

In the case of adoption of a child under the age of 15, the adoptive parents are entitled to daily cash benefits for 39 weeks (195 days), with the same amount and on the same conditions as for sickness benefit. The period may be prolonged to 49 weeks (245 days) with reduced benefits (80% of covered earnings).

- **Time account system**

A time account arrangement makes it possible for employees who give birth or adopt children to draw partial maternity/adoption benefits combined with reduced work hours.

D. **REHABILITATION BENEFIT**

Rehabilitation benefits are granted if the person concerned has a permanently reduced working capacity or substantially limited opportunities in the choice of occupation or place of work. Benefits are also granted for the improvement of the general functional capacity if this is substantially reduced due to illness, injury or defect.

- **Qualifying conditions**

An insured person under 67 is entitled to rehabilitation benefits if he or she is resident in Norway and has been insured for three years immediately prior to claiming the benefit. An insurance period of one year is sufficient if the claimant has been physically and mentally capable of performing normal work during that year.

Rehabilitation allowance is granted to an insured person, who is entitled to cash benefits in the case of sickness, after the period of entitlement to cash benefits has expired. Rehabilitation allowance is also granted to an insured person who is not entitled to cash sickness benefits, but who has been unable to work for one year. Rehabilitation allowance is generally only granted for a period of 52 consecutive weeks. Vocational rehabilitation allowance is granted to an insured person who is undergoing vocational rehabilitation. Vocational rehabilitation allowance is furthermore granted during waiting periods before rehabilitation measures get started and after completed rehabilitation before suitable work is found. Temporary disability benefit is granted before a final decision is made on granting a disability pension (see Section 5).

- **Benefits**

The level of rehabilitation allowance, vocational rehabilitation allowance and temporary disability benefit corresponds to the disability pension, full or partial. In the later stages of a period of rehabilitation, a partial rehabilitation allowance can be granted even if working capacity is only reduced by 20%. A special supplement (see Section 4) is not granted, but supplements for supported spouse and children are granted.

Rehabilitation benefits are granted to cover the insured person’s expenses in connection with rehabilitation measures. Benefits are granted, for example, for education at schools, courses or business enterprises, if this will have a decisive influence on the insured person’s employment possibilities. A person who has substantially and permanently reduced general functional capacity may be granted the necessary and appropriate benefits in kind (for example interpretation services, guide dogs, etc.) in order to improve the ability to manage everyday situations.

3. **Accidents at work and occupational diseases**

In general all employees are covered under the contingencies of the national insurance scheme. In addition certain other groups, such as, fishermen, pupils/students, military and civil servicemen,
civil defence and emergency/rescue personnel are also compulsorily covered. Self-employed persons may take out voluntary insurance, if they are not compulsorily insured according to provisions applying to specific groups of self-employed persons. The contribution rate is 0.4 % of income from self-employment.

Certain diseases are regarded as equivalent to occupational injury when contracted in an occupational context. This includes the diseases listed in the schedule to Article 2 of the ILO Convention No 42 on workers’ compensation for occupational diseases, in addition to certain other occupational, climatic and epidemic diseases as laid down by national regulations.

The general rules concerning medical treatment etc. cash sickness benefits etc. disability benefit/pension and survivors’ benefit/pension may also apply. The beneficiary is entitled to such benefits, though subject to more favourable terms, as indicated below.

Regarding pensions, the benefits are not reduced due to lack of insurance periods (insufficient earnings, or unfulfilled waiting periods), but are always granted at full rates.

A disability pension may also be granted provided that the earnings ability has been reduced by only 30 % (otherwise 50 %) etc.

A survivor’s pension is granted regardless of the duration of marriage and may also be granted to a person who was not married to or cohabiting with the deceased, provided that he or she was supported by the deceased and is taking care of the deceased’s children. A children’s pension may be awarded until the child reaches 21 if still in education (normally the pension is awarded until the age of 18, or 20 if the child has lost both its parents).

Furthermore, the beneficiary does not have to contribute to the costs of medical treatment, drugs or medical supplies.

As regards entitlement to cash sickness benefits, no waiting period applies in the case of occupational injury. Benefits shall also generally be calculated in the most favourable way, corresponding at least to the income level of the beneficiary at the time the injury occurred.

The beneficiary may also be granted an occupational injury compensation, at a maximum of 75 % of the basic amount per year (NOK 36 818). The beneficiary may choose to have this compensation paid out as a lump sum.

Employees are also covered by the Occupational Injury Compensation Act outside the framework of the national insurance legislation. According to the Act, employers have a liability to compensate a worker for economic loss which exceeds the compensation offered by the national insurance scheme in the case of occupational injury or disease.

4. Old-age pensions

Retirement age is 67. There are no provisions for optional early retirement under the national insurance scheme. Old-age pension consists of a basic pension, a supplementary pension and/or a special supplement, and possible income-tested supplements for children and spouse.

The old-age pension may be deferred in whole or in part until the age of 70. If the insured person during the period between 67 and 70 years of age maintains an earned income which exceeds the basic amount, the pension is reduced by 40 % of the excess income. Total pension and earned income shall not exceed the previous earned income.

- **Pension rates**

A minimum old-age pension consists of a basic pension and a special supplement. For an unmarried pensioner the minimum old-age pension is NOK 88 032 a year (at 1 May 2000). For a married pensioner who receives a supplement for a supported spouse under 60 years of age, the minimum is NOK 112 572 a year, and NOK 151 524 if the supported spouse is over 60. If both spouses are pensioners, the minimum is NOK 75 756 a year for each spouse.

- **Basic pension — qualifying conditions**

Persons who have a total insurance period of three years between the age of 16 and the year they become 66, are entitled to a basic pension.

The basic pension is independent of previous income or contributions paid. A full basic pension requires, however, an insurance (that is, residence) period of 40 years, and the pension is reduced proportionally in the case of a shorter period.

For an unmarried pensioner, or a pensioner whose spouse is not a national insurance pensioner, the full basic pension equals the basic amount for that year (NOK 49 090). A pensioner supporting a spouse (or a cohabitant to whom he or she was previously married or has children with) who is not a pensioner, may be entitled to an income-tested supplement of up to 50 % of his or her basic pension.

If both spouses are pensioners, the full basic pension is 75 % of the basic amount (NOK 36 817) for each. The same applies to cohabitants who have previously been married to each other or have children together. An old-age pensioner supporting children under 18 years of age may receive an income-tested supplement of up to
30% of the basic amount (maximum NOK 14,727) for each child.

- **Supplementary pension**

A person is entitled to a supplementary pension if his or her annual income exceeded the average basic amount of any year for three years after 1966. Full credit (pension points) is given for income up to six times the basic amount (NOK 294,540). In addition, 1/3 of income between six times and 12 times the basic amount (NOK 589,080) is credited as pensionable income for these years. Income exceeding 12 times the basic amount is disregarded.

The calculation of the supplementary pension is based on the 20 years with the highest pension points. The amount depends on the number of pension-earning years and the yearly pension points. A full supplementary pension requires 40 pension-earning years. If there are fewer than 40 pension-earning years, the pension is reduced proportionally. The maximum supplementary pension granted is NOK 184,014.

- **Special supplement**

Insured persons who have no, or only a small, supplementary pension, are entitled to a special supplement from the national insurance scheme. A full special supplement is payable if the insurance period is at least 40 years. The special supplement is reduced proportionally in the case of a shorter period. A supplementary pension is deducted from the special supplement.

For an unmarried pensioner, or a pensioner whose spouse is not a national insurance pensioner, the special supplement equals 79.33% of the ordinary rate basic amount (NOK 38,943). If the supported spouse is 60 or older, the special supplement equals 158.66% of the basic amount (NOK 77,886). If both spouses receive a minimum pension, the special supplement is the same as for single people, that is, 79.33% of the basic amount each (NOK 38,943).

For a pensioner married to a pensioner who has a supplementary pension which is higher than the special supplement, the special supplement equals 74% of the basic amount (minimum rate) (NOK 36,327). However, the total supplementary pension and special supplement shall not represent a lower amount than twice the ordinary-rate special supplement, that is, 158.66% of the basic amount (NOK 77,886). The same provisions apply to cohabitants who were previously married to each other or have children together. The special supplement and the basic pension together make up the minimum pension (see above).

5. **Disability benefits and pensions**

Disability benefits comprise basic benefit, attendance benefit and disability pension. An insured person who is totally or partly disabled, is entitled to basic benefit and attendance benefit.

A basic benefit is granted if the disability involves significant extra expenses. There are six basic benefit rates, which are adjusted each year by Parliament. The rates in 2000 were: NOK 6,156, 9,384, 12,336, 18,168, 24,624 and 30,780.

An attendance benefit is granted if the disabled person needs special attention or nursing. There are four attendance benefit rates, adjusted annually by Parliament. Rates in 2000 were: NOK 11,016, 22,032, 44,064 and 66,096.

The basic benefit and the attendance benefit are reduced accordingly if granted in addition to a national insurance pension which is reduced because the person concerned does not have full insurance periods.

- **Disability pension**

Special rules apply to the calculation of supplementary pension for persons born disabled or who become disabled before the age of 26. A person between 16 and 67, whose working capacity is permanently reduced by at least 50% due to illness, injury or defect, is entitled to a disability pension if he or she has been insured for at least three years up to the contingency.

The disability pension consists of a basic pension and a supplementary pension, and/or a special supplement (see Section 4). Future insurance periods and future pension points until the year in which the person reaches 66 years of age are taken into account. Limitations apply in the case of previous periods abroad. Future pension points are calculated on the basis of income before the disability occurred. Otherwise, the basic and supplementary pensions are calculated in the same way as old-age pensions.

In the case of partial disability, the pension is reduced proportionally.

A supplement of up to 50% of the pensioner’s basic pension is, on certain conditions, granted for a supported spouse. A supplement of up to 30% of the basic amount is, on certain conditions, granted for each supported child under the age of 18.

6. **Funeral grant**

A lump-sum of NOK 4,000 is granted by the national insurance scheme to cover expenses in connection with a funeral.
7. Survivors’ benefits

A means-tested supplement up to NOK 8 000 may be granted.

7. Survivors’ benefits

A. BENEFITS TO SURVIVING SPOUSES

A surviving spouse (or cohabitant who previously has been married to or has children with the deceased) under 67 is entitled to pension benefits if he or she is insured with entitlement to pension benefits and the deceased was insured and able to work for at least three years immediately prior to death. The surviving spouse is also entitled to benefits if the deceased had been drawing a pension for a period of at least three years prior to his or her death. If the deceased had earned a supplementary pension, the surviving spouse is not required to be insured. In these cases, a corresponding basic pension is also granted. The condition that the survivor shall be insured for the granting of a basic pension is also waived if either the survivor or the deceased has been a resident in Norway for at least 20 years.

Survivors’ pension is granted to a surviving spouse etc. if the marriage lasted for five years or the survivor has or previously had children with the deceased or is taking care of the children of the deceased and the aggregated duration of the marriage and the period of care after the death is at least five years.

A divorced spouse etc. who has not remarried at the time of the death of the former spouse, is entitled to benefits according to the same rules provided that the death occurs within five years after the divorce, and the marriage has lasted for at least 25 years or 15 years if there were children in the marriage. The benefits terminate if the beneficiary remarries.

If the deceased, due to the length of the insurance period, would have got or had a reduced basic pension, the survivor’s basic pension is reduced proportionally.

The survivors’ pension consists of a basic pension and a supplementary pension. The supplementary pension corresponds to 55 % of the deceased’s rights for old-age or disability supplementary pension. A special supplement is granted as for old-age pensions.

The survivors’ pension is subject to an income test. If the surviving spouse etc. already has, or may be expected to have, an annual income exceeding 50 % of the basic amount, the pension will be equal to the difference between a full pension and 40 % of the excess income.

A transitional benefit is granted to a surviving spouse etc. who is temporarily incapable of maintaining him/herself by work. The transitional benefit is determined according to the same rules as a survivor’s pension.

An education benefit is granted to a surviving spouse etc. who needs education or vocational training to be able to maintain him/herself.

Child-care benefit is granted to a surviving spouse etc. who, due to education or work away from home, must leave the necessary care of the children to someone else. The benefit equals 70 % of the expenses for child care, but is limited to NOK 29 076 for the first child, NOK 37 932 for two children and NOK 42 996 for three or more children. The benefit is reduced by 50 % if the surviving spouse etc. has income between 6 and 8 times the basic amount (NOK 281 700 to NOK 375 600). If the surviving spouse etc. has income exceeding 8 times the basic amount, he/she receives no child-care benefit.

When a surviving spouse etc. must move to find work, grants are made to cover removal expenses.

Education benefit, child-care benefit and grants to cover removal expenses may be granted even if the deceased did not fulfil the requirement of three years of insurance immediately prior to the contingency, provided that the survivor is insured with entitlement to pension benefits. These benefits are only paid as long as the survivor continues to be insured in this respect.

B. CHILDREN’S PENSION

A child under 18, insured with entitlement to pension benefits, is entitled to a children’s pension if one or both parents are deceased and the deceased was able to work and insured for three years immediately prior to the death. The surviving child is also entitled to benefits if the deceased had been drawing a pension for a period of at least three years immediately prior to his or her death. The insurance condition is disregarded if the deceased had acquired entitlement to a supplementary pension or one or both parents have completed a period of residence of 20 years. Children in education receive the pension up to the age of 20 if both parents are deceased.

- Pension rates

If one parent is dead, the full annual children’s pension for the first child equals 40 % of the basic amount (NOK 19 636), and 25 % of the basic amount (NOK 12 273) for each subsequent child.

If both parents are dead, the first child receives a children’s pension equal to the survivors’ pension which would have been paid to the parent who was entitled to the highest pension. The full children’s pension for the second child equals 40 % of the basic amount, and 25 % of the basic amount for each subsequent child. When there are
two or more children, the pensions are added together and divided equally among the children.

A children's pension is granted at reduced rate in accordance with the reduction to which a possible basic pension to a surviving spouse would be subject because of incomplete insurance periods (see point A above).

8. Unemployment

Daily cash benefits during unemployment compensate loss of income due to unemployment. Working hours must have been reduced by at least 40% compared to previous working hours.

The insured person must be a bona fide applicant for work, that is, capable of work and registered at the employment office. He/she must also, at short notice and in any part of Norway, be available for any type of part- or full-time work or labour market measure that he/she is physically and mentally capable of doing. The person concerned may be entitled to unemployment benefits even if he/she does not fully meet the availability requirements due to circumstances such as age, health or work of a caring nature. Benefits may temporarily be suspended if the person concerned is considered to be unemployed by his/her own choice, that is, if he/she has given notice voluntarily, refused to take a suitable job, refused to participate in labour market measures or failed to attend the employment office when summoned.

Previously earned income is a condition for entitlement to daily cash benefits. The person concerned must have had an income from work of at least 1.25 times the basic amount (NOK 61,363) in the preceding calendar year or an income from work which at least equals the basic amount (NOK 49,090) as an average during the three preceding calendar years.

Daily cash benefits are granted if the person concerned has been unemployed three of the last 10 days while being registered at the employment office.

The calculation of daily cash benefits is based on income from work, income from labour market measures and income from daily cash benefits during unemployment, sickness, maternity and adoption. The calculation basis is the highest of the income of the preceding calendar year or the average over the three preceding calendar years. The maximal benefit basis is six times the basic amount (NOK 294,540). The benefit rate per day is 0.24% of the calculation basis and is paid five days a week. This will normally give an annual compension of 62.4% of the calculation basis.

A supplement of NOK 17 per day is granted for each dependent child under the age of 18. A holiday supplement of 9.5% of unemployment benefits received the preceding calendar year is granted if the beneficiary received benefits for more than eight weeks during that year.

The benefit period varies depending on earlier income from work. Income from work amounting to at least twice the basic amount (NOK 98,180) gives a benefit period of 156 weeks (three years). Income amounting to less than twice the basic amount gives a benefit period of 78 weeks (one and a half years). When the initial benefit period has expired, a subsequent benefit period may immediately be granted provided that the requirements concerning previous income are met.

Persons above the age of 64 are guaranteed a calculation basis of at least three times the basic amount (NOK 147,270), and benefits are paid without time limitation until the age of 67. Above the age of 64, self-employed persons are also entitled to unemployment benefits.

9. Family allowance

Family allowances are granted for children resident in Norway under the age of 18.

The yearly rates from 1 January 2000 are:

— NOK 9,948 for the first and second child;
— NOK 10,944 for the third and each subsequent child.

An annual supplement of NOK 7,884 per child is granted for children under three years of age in addition to the ordinary rates. However, this supplement is not payable before the child is 13 months old.

Beneficiaries living in the Arctic regions of the realm, are granted an annual supplement of NOK 3,792 per child.

Single parents are entitled to an allowance for one more child than they actually have (extra allowance). Cohabitants who have children together or have been living together for at least 12 of the last 18 months are not entitled to the extra allowance.

Single parents with children under the age of three, who, according to the Family Allowance Act, are entitled to allowance for one child more than they actually have, and in addition are entitled to a full transitional benefit according to the National Insurance Act, are entitled to an extra annual supplement of NOK 7,884. This extra annual supplement is granted per provider, regardless of how many children under the age of three he/she has.
10. Cash benefit for families with small children

The cash benefit scheme was introduced on 1 August 1998 for families with children aged one to two. Two-year olds are included in the scheme from 1 January 1999. The benefit is given without means testing or taxation. The most important condition for receiving the full rate of the cash benefit is that the child is not in a day-care centre that receives a State grant. If the child according to agreement is in the day-care centre less than 30 hours weekly, the family will be entitled to a reduced cash benefit.

The cash benefit is calculated according to the following rates:

<table>
<thead>
<tr>
<th>Agreed time in day-care centre per week</th>
<th>Cash benefit in % of full rate</th>
<th>NOK per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>No use of day-care centre</td>
<td>100</td>
<td>36 000</td>
</tr>
<tr>
<td>Up to 8 hours</td>
<td>80</td>
<td>28 800</td>
</tr>
<tr>
<td>9–16 hours</td>
<td>60</td>
<td>21 600</td>
</tr>
<tr>
<td>17–24 hours</td>
<td>40</td>
<td>14 400</td>
</tr>
<tr>
<td>25–32 hours</td>
<td>20</td>
<td>7 200</td>
</tr>
<tr>
<td>More than 33 hours</td>
<td>No cash benefit</td>
<td>0</td>
</tr>
</tbody>
</table>

11. Further information

The addresses of the main social-security bodies in Norway are as follows:

Rikstrygdeverket (National Insurance Administration)
Drammensveien 60
N-0241 Oslo
Tel. (47-22) 92 70 00
Fax (47-22) 55 70 88
E-mail: etatpost@trygdeetaten.no

Folketrygdkontoret for utenlandssaker (National Insurance Office for Social Insurance Abroad)
Postboks 8138 Dep.
N-0033 Oslo
Tel. (47-81) 05 93 38
Fax (47-23) 31 13 01
E-mail: ffu@trygdeetaten.no

Arbeidsdirektoratet (Labour Directorate)
Postboks 8127 Dep.
N-0032 Oslo
Tel. (47-23) 35 24 00
Fax (47-23) 35 27 50
E-mail: aetat.apost@aetat.no