



Your social security rights in Cyprus



EUROPEAN COMMISSION

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Sometime in your life you may be in need of the support provided by social security benefits. If you are living in the country where you were born and satisfy the qualifying conditions, you will be entitled to receive support. But you also have the right to receive benefits if you are a national of any EU country and move to another part of the EU. The information below sets out when you are eligible for benefits, what you are entitled to and how to go about claiming it.

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Family

Child benefit

This chapter contains what you need to know about child benefits in Cyprus.

It covers the following benefits:

- child benefit;
- single-parent benefit.

In what situation can I claim?

Child benefit is granted to families who have had their legal and continuous residence, in the areas under the effective control of the Cyprus Government for at least the last five years prior to the submission of the application. For European citizens, if they are entitled to child benefit according to the national legislation, then the EU Regulations 883/2004 and 987/2009 apply. It should be noted that in the case of applicants that fall under the provisions of the EC Regulation 883/2004, for the establishment of whether the residence criteria are met, the period of residence in an EU Member State is summed up with the residence period in the areas under the effective control of the Republic of Cyprus.

Single parent families receiving child benefit are also entitled to a single parent benefit for each dependent child, provided the single parent and the dependent child have had their legal and continuous residence, in the areas under the effective control of the Cyprus Government for at least the last five years prior to the submission of the application. The single parent benefit is granted to single parent families which are already entitled to child benefit based on national legislation.

Single parent family means a family where a lone parent, without a spouse/companion/a person living together, lives with at least one dependent child, either from marriage or out of wedlock and lives alone because he/she is single, widowed or divorced or because one of the parents is declared by the court as a missing person or because is serving a sentence of imprisonment more than six months.

What conditions do I need to meet?

Child benefit is granted to a family for the number of unmarried dependent children living together under the same roof. Dependent children are defined as children:

- aged up to 18 years;
- aged up to 20 years as long as they are studying in secondary school;
- aged up to 21 years, if they are serving in the National Guard;
- regardless of age, children who are permanently deprived of the capacity to care for themselves.

A family is entitled to child benefit if its gross annual income does not exceed:

- €49,000 for families with one dependent child;
- €59,000 for families with two dependent children;
- €59,000 plus €5,000 per dependent child for families with more than two children (i.e. €64,000 for a family with three children, €69,000 for a family with four children etc).

In addition to the income criterion, child benefit is not granted if the total value of the family's assets, including real estate, stocks, bonds, securities and deposits, exceeds €1,200,000.

What am I entitled to and how can I claim?

The amount of child benefit and single-parent family benefit is shown in the following tables:

Table A: Amount of Child Benefit for 2023

Annual family income in €	Annual benefit per child, by the number of children in the family, in €			
	one child	two children	three children	four children
0 - €19,500.00	537.80	645.35	1.183,15	1.896,44
€19,500.01 - €39,000.00	481.19	588.74	1.126,54	1.726,61
€39,000.01 - €49,000.00	430.24	430.24	860,47	1.426,57
€49,000.01 - €59,000.00	-	390.61	781,22*	1.285,05 *

Notes:

1. The income threshold for one child is set to € 49,000, for two children € 59,000 and for each additional child over two the threshold is increased by € 5,000, i.e. for three children € 64,000, four children € 69,000 etc.
2. For families having more than two children whose total gross income exceeds € 59.000,01 the amount of child benefit paid per year per child is equal to the one paid to families with total gross income between €49.000-€59.000 (*).
3. The gross annual family income corresponds to the income earned in the previous calendar year.

Table B: Amount of Single Parent Benefit for 2023

Family income	Monthly allowance for each dependent child
€ 0 - € 39,000.00	€ 203,80
€ 39,000.01 - € 49,000.00	€ 181,15

Families with three or more children and single parent with any number of children with total gross annual family income of less than €39000 during the previous year are entitled to receive child benefit through provisional payment system during the first quarter of the calendar year.

Submitting applications:

The application must be submitted each calendar year by the last day of the year for which the benefit is being sought.

Jargon busters

- **Family income** means the total gross annual income of all members of the family arrived at by adding up the individual gross incomes obtained by each member of the family in the year preceding the year for which the benefit is paid.
- **Children** means unmarried legitimate children, stepchildren, children born outside marriage and legally adopted children.

Forms you may need to fill in

- [Child benefit and single-parent family benefit](#)

Know your rights

European Commission publication and website:

- [The EU provisions on social security. Your rights when moving within the European Union;](#)
- [Coordination of social security systems;](#)
- Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems.

Who do you need to contact?

Ministry of Labour, and Social Insurance

Welfare Benefits and Administration Service

- P.O.BOX 25686
- 1311 Nicosia
- CYPRUS
- Tel.: +357 22804000
- Fax +357 22803048
- Email: grants@wbas.dmsw.gov.cy
- <http://www.wbas.dmsw.gov.cy/>

Maternity benefits

This chapter contains what you need to know about maternity benefits in Cyprus.

It covers the following:

- maternity allowance;
- paternity allowance;
- parental leave allowance;
- childbirth grant;
- special childbirth grant for unmarried mothers.

In what situation can I claim?

Maternity allowance is paid to insured employees, self-employed and voluntarily insured women working for a Cypriot employer overseas who are expecting a child or who, with their husband, have adopted a child, for the first 12 years after the child's birth or who have got a child through surrogacy. The benefit is paid for a period of 18 weeks starting between the ninth and second weeks preceding the week of the expected birth or for a period of 16 weeks in the case of adoption or for a period of 14 weeks in the case of surrogate mothers starting 2 weeks before the expected week of confinement. In the case of a second or subsequent child, the period of 18 weeks is increased by 4 or 8 weeks respectively. In the case of a multiple birth, the period of 18 weeks is increased by 4 weeks for each child. In the case of getting a child through surrogacy, the benefit is paid for a period of 18 weeks starting 2 weeks before the expected week of confinement or from the week of the real confinement, according to the choice of the claimant.

Paternity allowance is paid to all insured employees and self-employed as well as voluntarily insured men working for a Cypriot employer overseas, who had a child or adopted a child or got a child through surrogacy. The benefit is paid for a period of 2 consecutive weeks within the time period beginning the week of the child's birth/adoption and ending after two weeks from the end date of the maternity leave period. In the event

of the mother's death before or during childbirth or during maternity leave, the paternity allowance is increased by as many weeks as the remaining weeks of maternity benefit to which the mother would have been entitled, for the purposes of taking care of the child.

Parental leave allowance is paid to insured employed parents who are on parental leave. The benefit is paid for a maximum of 6 weeks to each parent for each child. The benefit is paid between the period end of maternity/paternity leave until the child reaches the age of 8 years old or in the case of a child with disability until the age of 18 years old.

The childbirth grant is paid in addition after the birth of each child if the mother or her husband meets the insurance conditions or any other conditions that may exist in relation to the Special maternity benefit for unmarried mothers.

The Special maternity grant to unmarried mothers is granted, under specific conditions, to applicants who have not received the corresponding aid provided by the Social Insurance Services.

What conditions do I need to meet?

The conditions for the payment of maternity/paternity allowance, childbirth grant and parental leave allowance are:

- to have actual insurance equal to at least 0.50 insurance points and for at least 26 weeks to have elapsed since the insurance commenced, and
- to have actual or assimilated insurance equal to at least 0.39 insurance points in the relevant contribution year;
- in the case of the childbirth grant, the grant is paid if either the mother or her husband meets the above insurance conditions.

In addition, for parental leave allowance the claimant must also:

- have been employed for a period of twelve months within the twenty-four month period preceding the start date of the period for which they are applying for parental leave allowance
- have completed six months of continuous employment with the same employer.

What am I entitled to and how can I claim?

Maternity allowance

Maternity allowance is paid to natural mothers for a period of 18 weeks starting between the ninth and second weeks before the week of the expected birth.

In the case of a second or subsequent child, the maternity allowance is extended by 4 or 8 weeks.

In the case of multiple births, the maternity allowance is extended by 4 more weeks for the second and subsequent child.

If the infant is treated in an incubator because of premature birth or receives treatment because of another health problem, the maternity benefit may be extended by an additional week for each 21 days of treatment for a maximum of 6 weeks.

Adoptive mothers receive the allowance for 16 weeks from the week of the adoption if the child is less than 12 years old.

Surrogate mothers receive the allowance for 14 weeks starting 2 weeks before the expected week of confinement. The maternity allowance cannot be extended for surrogate mothers.

In the case of getting a child through surrogacy, the benefit is paid for a period of 18 weeks starting 2 weeks before the expected week of confinement or from the week of the real confinement, according to the choice of the claimant.

Paternity allowance

Paternity allowance is paid to insured fathers for a period of 2 consecutive weeks between the week of confinement within the time period beginning the week of the child's birth/adoption and ending after two weeks from the end date of the maternity leave period.

In the event of death of the mother before or during childbirth or during maternity leave, the right to paternity allowance is increased by as many weeks as the remaining weeks of maternity benefit to which the mother would have been entitled.

Adoptive fathers receive the allowance for a period of 2 consecutive weeks between the week of adoption and the following 16 weeks.

Maternity/Paternity allowance:

	Basic benefit	Supplementary benefit
	% of the weekly value of the insurance points of the basic insurance during the relevant year	% of the weekly value of the insurance points of the basic insurance during the relevant contribution year
Applicant	72%	72%
Dependent member: 1	80%	-
Dependent members: 2	90%	-
Dependent members: 3	100%	-

The maternity/paternity benefit is not paid if the person concerned receives their full remuneration during the period in which maternity/paternity allowance is granted. If they receive a reduced remuneration, the sum of that remuneration and the allowance must not exceed the full wage.

Parental leave allowance

Parental leave allowance is paid to insured employed parents who are on parental leave. The benefit is paid for a maximum of 6 weeks to each parent for each child. The benefit is paid between the period end of maternity/paternity leave until the child reaches the age of 8 years old or in the case of a child with disability until the age of 18 years old.

In the case of a child with a disability, the duration of parental leave allowance is extended by:

- Four weeks provided that the child has been certified by the Disability Assessment System of the Department of Social Integration of Persons with Disabilities, as a person with a severe disability or with a moderate mental disability.
- Six weeks provided that the child has been certified by the Disability Assessment System of the Department of Social Integration of Persons with Disabilities, as a person with a total disability.

The parental leave allowance **can be taken from** a minimum of one day and a maximum period is as follows:

from 16/12/2022 - 31/12/2023 three weeks a year

- from 01/01/2024 - 31/12/2024 four (4) weeks a year
- from 01/01/2025 five (5) weeks a year

Parental leave allowance:

Basic benefit	Supplementary benefit
72% of the weekly value of the insurance points of the basic insurance during the relevant contribution year	60% of the weekly value of the insurance points of the supplementary insurance during the relevant contribution year

Childbirth grant

A lump sum of € 580.92 per child (for the year 2022) is paid to the mother if she or her husband are insured for the birth of a live child or a stillbirth after a pregnancy of at least 28 weeks.

To be awarded the childbirth grant, an application form has to be submitted accompanied by the required certificates within one year of the birth, whereas the maternity allowance to be granted the application form and the required certificates may be submitted after the end of the 25th week of pregnancy and must be submitted within 21 days from the day on which the benefit is required.

Special maternity benefit for unmarried mothers

Women who have given birth and have resided in Cyprus for the last 12 consecutive months are entitled to the special childbirth grant (a lump sum of €580.92 which is paid at the time of the birth) if they are not entitled to the childbirth grant from the Social Insurance Services.

To be awarded the childbirth grant, an application form has to be submitted accompanied by the required certificates within one year from the birth. The application is submitted at the Welfare Benefits Administration Service.

Jargon busters

- **Basic insurance:** includes the insurable earnings for each year up to the amount of the basic insurable earnings i.e. up to one point.
- **Supplementary insurance:** includes insurable earnings for each year above the amount of the basic insurable earnings.
- **Insurance points:** the result arrived at by converting actual and assimilated insurable earnings to insurance points.
- **Relevant contribution year:** in relation to benefits, this means the last contribution year before the benefit year which includes the date on which the insurance conditions attached to the benefit must be satisfied (i.e. the relevant contribution year is 2021 for the first half of 2023 and 2022 for the second half of 2023).
- **Benefit year:** the period of time which commences on the first Monday of July each year and ends on the last Sunday before the first Monday of July in the following year.

Forms you may need to fill in

- [Application for maternity allowance](#)
- [Application for paternity allowance](#)
- [Application for childbirth grant](#)
- Application for childbirth allowance for unmarried mothers
- [Application for Benefit/Assimilated Period of insurance for parental leave](#)

Know your rights

The links below define your rights legally. They are not European Commission websites and they do not represent the Commission's views:

- [Social insurance legislation;](#)
- [Guide to childbirth grant and maternity allowance.](#)

European Commission publication and website:

- <http://ec.europa.eu/social/main.jsp?catId=849&langId=en>.

Who do you need to contact?

Social Insurance Services

- Headquarters
- Leoforos Vyronos 7
- 1465 Nicosia
- CYPRUS
- <http://www.mlsi.gov.cy/sid>

Welfare Benefits Administration Service

- Themistokli Dervi 46
- MEDCON Tower
- 1066 Nicosia
- CYPRUS
- Tel.: 22803030

Health

Healthcare

The General Healthcare System (GHS) is a comprehensive system that offers equal access to healthcare services for all citizens, with the option to choose their healthcare provider from both the private and the public sector.

It covers:

- Healthcare services by personal doctors
- Healthcare services by specialist doctors
- Pharmaceutical products
- Laboratory tests
- Inpatient healthcare services
- Healthcare services in cases of accidents and emergencies
- Ambulance services
- Healthcare services by nurses, midwives, clinical psychologists, clinical dieticians, physiotherapists, occupational therapists and speech pathologists
- Preventive dental healthcare services
- Palliative healthcare and medical rehabilitation

In what situation can I claim?

The right to health within the GHS is independent from the payment of contributions so everybody has equal access to healthcare services provided. Beneficiaries enrol in the GHS and register in a personal doctor's list of their choice. The personal doctor is responsible for promotion of health and the prevention and treatment of illnesses, as well as for guiding the beneficiary within the GHS by referring him/her to the appropriate healthcare provider. Beneficiaries may choose the specialist doctor, pharmacy, laboratory, hospital or any other private or public healthcare provider they wish.

What conditions do I need to meet?

All citizens who are permanent residents in the areas controlled by the Republic of Cyprus and come under one of the following categories have access to the GHS:

- Cypriot citizens
- European citizens who work or hold a permanent residence status in accordance with the provisions of the national legislation
- Third country nationals (non-EU citizens) who hold a permanent residence status or a right of equal treatment in accordance with the provisions of the national legislation
- Members of the families of the above categories in accordance with the provisions of the national legislation
- Refugees and persons with a status of supplementary protection.

What am I entitled to and how can I claim?

General Health System covers: - Healthcare services by personal doctors - Healthcare services by specialist doctors -Pharmaceutical products - Laboratory tests - Inpatient healthcare services - Healthcare services in cases of accidents and emergencies - Ambulance services - Healthcare services by nurses, midwives, clinical psychologists, clinical dieticians, physiotherapists, occupational therapists and speech pathologists - Preventive dental healthcare services - Palliative healthcare and medical rehabilitation.

The right to health within the GHS is independent from the payment of contributions. Thus, beneficiaries without an income (unemployed, children, students, soldiers and others) have equal access to health care services.

Beneficiaries have access to healthcare services after they enrol in the GHS and register in a personal doctor's list of their choice. Beneficiaries can enrol in the GHS and register with a personal doctor either online or by visiting a personal doctor. Personal doctors will be the first contact point of beneficiaries with the GHS and are responsible to provide all required healthcare services as well as to guide and refer the beneficiaries to more specialized healthcare services when and if this is needed. Beneficiaries may choose the specialist doctor, pharmacy, laboratory, hospital or any other private or public healthcare provider they wish.

Mental Health Services

The services focus on three main axes: a) Mental Health Services for Adults (Mental Health Hospital and two Psychiatric Clinics in General Hospitals – Nicosia and Limassol, Mental Health Community Centres and Psychosocial Rehabilitation Units), b) the Child and Adolescent Mental Health c) the Prevention and Treatment of Drug Dependence.

The services provided follow the European and International Standards and Guidelines, especially those of the World Health Organization (WHO).

The Mental Health Services are under the management of the State Health Service Organization since 1/6/2019.

Jargon busters

- **Dependent member:**
 - the spouse;
 - direct descendants who are aged under 21 or are supported by the member, as well as those of the spouse.
- **European Economic Area (EEA):** the participating members are: Iceland, Liechtenstein, Norway, the European Union and its 28 Member States.
- **Government hospitals:** hospitals of a public nature: five general hospitals, two regional hospitals, one mother and child hospital, as well as 42 health centres (urban and rural).

Forms you may need to fill in

- [Application for the financial assistance scheme for health services not offered by the public sector;](#)
- [Information provision form \(pdf\).](#) Relates to cross-border healthcare.

Know your rights

The links below define your rights legally. They are not European Commission websites and they do not represent the Commission's views:

- [Health System in Cyprus](#)

(https://www.gesy.org.cy/sites/Sites?d=Desktop&locale=el_GR&lookuphost=/el-gr/&lookuppage=home);

- [The 2013 Law on the application of patients' rights in cross-border healthcare / national contact point of Cyprus;](#)
- Financial assistance scheme for health services not available in the public sector.

(<https://www.moh.gov.cy/Moh/MOH.nsf/All/0EBEB2C390440DD34225798800332685?OpenDocument>)

European Commission publication and website:

- <http://ec.europa.eu/social/main.jsp?catId=849&langId=en>.

Who do you need to contact?

Health Insurance Organization (HIO)

- Klimentos 17-19,
1061, Nicosia
P.O.B. 26765,
1641 Nicosia,
Cyprus
- Webpage: [ΓΕΣΥ \(gesy.org.cy\)](http://gesy.org.cy)
- Email: info@gesy.org.cy
- **Telephone:** 17000
- From abroad: +357 22017000

Ministry of Health

- Prodromou 1 and Chilonos 17
- 1448 Nicosia
- CYPRUS
- Webpage: <http://www.moh.gov.cy>
- Email: ngeroudis@cssda.gov.cy, sstratis@moh.gov.cy,
achristodoulidou@phs.moh.gov.cy

Mental Health Services

- Athalassa Hospital
- 1452 Nicosia
- Webpage <https://shso.org.cy/en/hospital/iperisies-psixikis-igeias/>
- Email: director.mhs@shso.org.cy

Long-term social care

This chapter contains what you need to know about provisions for long-term social care in Cyprus.

This covers benefits (in cash and in kind) for:

- home care;
- day care;
- institutional care;
- respite care.

In what situation can I claim?

All persons legally residing in Cyprus who are recipients of the Guaranteed Minimum Income (GMI) and persons not eligible to GMI but with insufficient income to cover their social care needs provided that they meet all the other conditions specified in the GMI legislation may receive additional subsidisation for the coverage of these needs by the Welfare Benefits Administration Service.

In the context of the relevant GMI legislative framework, both in-kind and/or cash benefits are provided for long-term social care according to individual's care needs.

The legislative framework (GMI legislation) does not impose compulsory periods of employment, insurance contribution or economic activity.

The Social Welfare Services or the Department of Social Inclusion of Persons with Disabilities are responsible for assessing the care needs of GMI applicants/recipients using specialised assessment tools. The results of this assessment are then communicated to the Welfare Benefits Administration Service for their decision.

What conditions do I need to meet?

To apply for care under the Guaranteed Minimum Income and in general the Social Benefits (Emergency Needs and Care Needs) Regulations and Decrees as they are amended or superseded / the Scheme for the Subsidisation of Care Services, a person must complete and submit an application for the provision of a guaranteed minimum income. The supplementary forms (EEE10.v3 and EEE11.v3) for the care of GMI beneficiaries must be submitted at the same time.

People who are already in receipt of the GMI and wish to submit an application to cover care needs must complete and submit the supplementary forms (EEE10.v3 and EEE11.v3) for the care of GMI beneficiaries.

What am I entitled to and how can I claim?

The legislation covers the following types of care:

Home care: covers an extensive range of care services which include personal and household care. The maximum amount granted to cover the needs of home care either by an approved natural and/or legal person, or by Domestic Worker is €400/month per family unit. For extraordinary and justified cases, for instance when additional care attendants are required, a larger amount can be granted.

For persons with disabilities the amounts granted are € 100, € 200, €300, € 400 according to their needs.

For persons aged 80 years old and above the amount for home care is € 200 or € 400.

Institutional care: covers 24-hour care, where the person requires continuous support and their needs cannot be covered by family members or other supportive services in their environment. The State may pay monthly cash benefit for residential care provided by approved physical and/or legal entities. Cash benefits vary from €625 to €745 (without

VAT) per month depending on the care needs of the beneficiary (e.g. bedridden, mobility difficulties or not). The level of the subsidisation is defined by an automated analysis of specific assessment tools of institutional care needs.

Day care: is provided by approved adult centres which serve elderly people and people with disabilities during the day and which may be operated by physical and/or legal entities (NGOs, Local Authorities, private sector). Day-care service providers look after people for a number of hours during the day and they provide them with - amongst other things - care services, meals, creative activities and entertainment. It is more flexible and enhances the service provided both to the people themselves, contributing to their social inclusion, and to working members of their family who are burdened with their care. The State may pay a cash benefit of up to €137 for day care provided by approved physical and/or legal entities. The level of the subsidisation is defined by an automated analysis of specific assessment tools of day care needs. In some cases the transportation/accompanying costs are also covered.

Respite care: respite care is temporary/short-term care of a person which allows the unofficial carer to have a holiday/a break from their care responsibilities. The service supports informal carers in their valuable role and simultaneously helps the person stay in their home. Respite care can also be requested by people who live alone and occasionally feel unable to look after themselves and require help. Respite care is arranged depending on the needs and preferences of the people themselves and of their families as far as possible; and it is provided through the above types of care (home, institutional or day care).

In order to claim subsidisation of their care needs, interested persons should complete and submit an application for the Guaranteed Minimum Income with the supplementary forms for the care of GMI beneficiaries (EEE10.v3 and EEE11.v3).

Persons who are already recipients of GMI and have care needs should complete and submit the supplementary form for the care of GMI beneficiaries (EEE10.v3 and EEE11.v3).

Community nursing care

1- Home nursing: includes nursing services brought to the home with the aim of helping people and their families to deal with problems arising after a sudden illness, relapse of a chronic illness or long-term disability and incapacity. It includes evaluation of health risks factors for the person, housing/living and prevention of disease, disability or accident, and also maintaining their health, activity and independence at the highest possible level.

2- Community mental health nursing: the service includes involvement in primary prevention and mental health promotion with a wide range of services and activities, through the following: psychometric assessment tools for mental, biological, social status of the person, cooperation and communication with private psychiatrists, primary care teams, governmental and non-governmental services and counselling and supporting of the families, elderly people.

From January 1st 2021, the **Community Nursing Care** which includes both General & Mental nursing, is provided to all eligible through the National Health System, after doctor's referral. A short-term referral is issued for 3 visits and has a time limit of 6 months to be executed. A medium-term referral is issued for 6 visits and has a time limit of 6 months to be executed. In those cases where the nurse and the doctor deem that the specific case needs more visits, then they should submit a joint request for a larger number of visits which will be evaluated by the Health Insurance Organization. Patients are entitled to receive a maximum of 12 visits per year. If the referral concerns a beneficiary who falls into the category of patients suffering from a serious mental disorder, then the beneficiary may receive up to 24 visits

Jargon busters

- **Guaranteed Minimum Income** is provided under the 2014 Law on the guaranteed minimum income and social benefits in general (Law 109(I)/2014).
- **Personal and home care services** include, for example, the following: looking after appearance and personal hygiene (e.g. washing/bathing, dressing, oral cleanliness, nail cutting, using the toilet), maintaining hygiene and cleanliness in the house, preparing meals, arranging the purchase of food and necessities, arranging bill payments, washing clothes, and providing assistance with taking medication.
- **Approved care programmes/centres** are care service providers, physical and/or legal entities, which are approved under the legislation of the Social Welfare Services for institutional or day care. For home care the physical and legal entities should meet the requirements/obligations set by the Director of Social Welfare Services, pending the approval of the relevant legislative framework.

Forms you may need to fill in

- Application for the provision of a Guaranteed Minimum Income (forms EEE1.v2, EEE3.v2, EEE5.v2, EEE.15).
- Supplementary form for the care of GMI beneficiaries (form EEE10.v3).
- Special form to cover the need to use incontinence pants (form EEE11.v3).

Know your rights

The links below define your rights legally. They are not European Commission websites and they do not represent the Commission's views:

- [2014 Law on the guaranteed minimum income and social benefits in general \(Law 109\(I\)/2104\)](#);
- [Guaranteed minimum income and social benefits \(emergency and care needs\) Decrees](#).

European Commission publication and website

- <http://ec.europa.eu/social/main.jsp?catId=849&langId=en>.

Who do you need to contact?

Social Welfare Services

- Prodromou 63
- 1468 Nicosia
- CYPRUS
- <http://www.mlsi.gov.cy/sws>
- Email: Central.sws@sws.dmsw.gov.cy

Welfare Benefits Administration Service

- Themistokli Dervi 46
- MEDCON Tower
- 1066 Nicosia
- CYPRUS
- Tel.: 22803030

Incapacity

Benefits for employment accidents and occupational diseases

This chapter contains what you need to know about benefits for employment accidents and occupational diseases in Cyprus.

The following are covered here:

- physical injury benefit (accident compensation);
- disability benefits.

In what situation can I claim?

The physical injury allowance is payable to any employed person, regardless of age. For the allowance to be paid, the worker must be unable to work because of an employment accident or occupational disease and must not be receiving a full wage or salary from the employer during the period of not working.

Disability benefits are paid to employees for permanent injuries caused by an employment accident or occupational disease.

Disability benefits include a disability pension in cases where the medical advisor decides that the level of disability because of the accident is greater than 20% or a disability grant where the medical advisor decides that the level of disability because of the accident is between 10% and 19%. Where the disability is below 10% in the case of an accident, the employee is not entitled to disability benefit. In the case of occupational diseases, a level of disability of 1-19% is deemed equivalent to 20%.

What conditions do I need to meet?

There are no insurance requirements for the payment of the physical injury allowance or benefits because of disability. It is sufficient that the worker was an employee on the day the accident or occupational disease was caused, and that the accident was caused in the course of carrying out the person's duties.

What am I entitled to and how can I claim?

Physical injury allowance

The physical injury allowance is paid to any employed person who is incapable of work as a result of an employment accident or occupational disease for a maximum of 12 months from the date of the accident or manifestation of the disease.

The rate of the personal injury benefit is the same as the rate for sickness benefit. However, the minimum amount of benefit paid to people with incomes below the basic insurable earnings is the same as the basic insurable earnings.

Disability benefits

Disability benefits are payable to any employed person who, as a result of an employment accident, suffers a loss of physical or mental capacity to a degree of not less than 10% with the exception of cases of pneumoconiosis, which are compensated from 1%.

Disability benefits may take the form of either a lump sum or a pension, depending on the degree of disability. The lump sum is paid for a degree of disability from 10 to 19%, and the pension for a disability of greater than 20% (no benefits are paid for a disability of less than 10%).

The disability pension consists of the basic pension and the supplementary pension, and is paid as follows:

- the amount of the basic weekly disability allowance paid for 100% disability is equivalent to 60% of the weekly basic insurable earnings, and increases to 80%, 90% or 100% depending on whether there are one, two or three dependants. In

the case of an insured person, without a dependent spouse, a 10% increase is paid for each dependant up to a maximum of two;

- the amount of the weekly supplementary pension paid for 100% disability is equivalent to 60% of the weekly value of the annual average of the insurance points in the actual and assimilated supplementary insurance coverage during the period from the beginning of the second completed contribution year before the date of the relevant accident until the last week before that in which the accident occurred;
- The disability pension for a degree of disability below 100% is proportional to the actual degree. When the beneficiary's disability is below 100% (and is expected to be permanent) but he or she cannot work because of the disability, the disability pension - basic and supplementary - may, if it is more beneficial to the recipient, be calculated based on a degree of disability equal to the percentage on which the invalidity pension would be calculated;
- A regular care allowance is available at a rate of 100% to those entitled to a disability pension who are in need of regular care. It is equal to 55% of the basic disability pension for total disability (100%). The monthly allowance amounts to € 256.11 from 1 January 2023.

The disability grant is equal to 7 times the annual amount of the disability pension for total disability (without increases for dependants) multiplied by the percentage degree of disability.

Degree of disability	Benefit (EUR) from 2.1.2023
10%	4,237.42
11%	4,661.16
12%	5,084.90
13%	5,508.64
14%	5,932.38
15%	6,356.12
16%	6,779.86
17%	7,203.61
18%	7,627.35
19%	8,051.09

- Free healthcare is provided to all beneficiaries by public hospitals and doctors. Should the employer have a health plan, the cost of private hospitals and doctors is covered up to an amount not exceeding the fees paid to public institutions by the Social Insurance Fund. It should be noted that only healthcare deemed to be necessary as a result of the physical injury sustained by the beneficiary is covered;
- To be granted the physical injury benefit an application form must be submitted, accompanied by the required certificates, within 21 days of the date of the accident. In the case of disability benefits the application must be submitted within 3 months.

Jargon busters

- **Basic insurance:** includes the insurable earnings for each year up to the amount of the basic insurable earnings i.e. up to one point.
- **Supplementary insurance:** includes insurable earnings for each year above the amount of the basic insurable earnings.
- **Insurance points:** the result arrived at by converting actual and assimilated insurable earnings to insurance points.
- **Relevant contribution year:** in relation to benefits, this means the last contribution year before the benefit year which includes the date on which the insurance conditions attached to the benefit must be satisfied (i.e. for the first half of 2023 the relevant contribution year is 2021 and for the second half of 2023 the relevant contribution year is 2022).
- **Benefit year:** the period of time which commences on the first Monday of July each year and ends on the last Sunday before the first Monday of July in the following year.

Dependent members:

- the spouse with whom he/she lives or whom he/she maintains and is not gainfully occupied;
- a child aged under 15 years;
- an unmarried daughter aged between 15 and 23 years who receives regular care;
- an unmarried son aged between 15 and 25 years who is serving his term in the National Guard or is receiving regular education;
- a child, regardless of age, who is permanently incapable of self-support;
- a husband who is unable to work and who is supported by his wife;
- a parent who is unable to work and is supported by the insured person;
- a juvenile younger brother or sister if maintained by the insured person.

Forms you may need to fill in

- [Employment accident application](#)

Know your rights

The links below define your rights legally. They are not European Commission websites and they do not represent the Commission's views:

- [Social insurance legislation](#)

(<http://www.mlsi.gov.cy/mlsi/sid/sidv2.nsf/All/9CD6011AC9CD2687C2257A87002602C6?OpenDocument>);

- [Guide to employment accident and occupational disease benefits](#)

(<http://www.mlsi.gov.cy/mlsi/sid/sidv2.nsf/All/78A356D08A40FF49C2257C92004737CB?OpenDocument>).

European Commission publication and website:

- <http://ec.europa.eu/social/main.jsp?catId=849&langId=en>.

Who do you need to contact?

Social Insurance Services

- Headquarters
- Leoforos Vyronos 7
- 1465 Nicosia
- CYPRUS
- <http://www.mlsi.gov.cy/sid/>

Sickness benefit

This chapter contains what you need to know about sickness benefit in Cyprus.

In what situation can I claim?

Sickness benefit is payable to employees and self-employed and to voluntarily insured persons working for a Cypriot employer overseas, aged between 16 and 63, who are incapable of working.

Persons who do not satisfy the insurance conditions for receiving the statutory pension at 63 are entitled to receive benefit up to the required date, but in no case after the age of 65.

What conditions do I need to meet?

The conditions for payment of the sickness benefit are that the insured person:

- is not working because of illness and is not receiving the full wage or salary from their employer during the period of the illness;
- has actual insurance equal to at least 0.50 of the insurance point and for at least 26 weeks to have elapsed since the insurance commenced, and
- to have actual or assimilated insurance equal to at least 0.39 of the insurance point in the relevant contribution year.

To requalify for sickness benefit following exhaustion of the entitlement, the insured person must have worked and paid contributions on earnings equal to not less than 26 times the weekly amount of the basic insurable earnings after the date on which the benefit ended. In addition he/she must have worked for a period of 13 weeks since the date on which the benefit ended.

What am I entitled to and how can I claim?

	Basic benefit	Supplementary benefit
	In% of the weekly value of the insurance points in the basic insurance during the relevant contribution year	In% of the weekly value of the insurance points in the supplementary insurance during the relevant contribution year
Applicant	60%	50% (cannot exceed the weekly amount of the basic insurable earnings)
Dependent member: 1 (spouse)	80%	-
Dependent members: 2	90%	-
Dependent members: 3 (maximum)	100%	-

- The spouse (regardless of gender) is deemed to be dependent if receiving wages or benefits of smaller value than the increment for a dependent person;
- The benefit is not paid if the employee concerned is receiving his/her wages in full. If receiving a reduced wage, the sum of the benefit and the reduced wage paid must not exceed the full wage.

Sickness benefit is paid for a period not exceeding 156 days for each period of discontinued work. If the incapacity to work is not permanent, the benefit payment period may be extended to a maximum of 312 days.

Incapacity to work because of illness must be certified by a doctor from the first day of the illness. During the course of the illness the claimant may be required to undergo further examinations by a medical adviser. To receive the benefit, an application form, accompanied by the required certificates, must be submitted within 21 days of the start of the illness. There is a waiting period of 3 days for employees, whereas the waiting period for the self-employed is 9 days. In the event of an accident or hospitalisation, the self-employed are dealt with in the same way as employees.

Jargon busters

- **Basic insurance:** includes the insurable earnings for each year up to the amount of the basic insurable earnings i.e. up to one point.
- **Supplementary insurance:** includes insurable earnings for each year above the amount of the basic insurable earnings.
- **Insurance points:** the result arrived at by converting real and assimilated insurable earnings to insurance points.
- **Relevant contribution year:** in relation to benefits, this means the last contribution year before the benefit year which includes the date on which the insurance conditions attached to the benefit must be satisfied (i.e. the relevant contribution year is 2021 for the first half of 2023 and 2022 for the second half of 2023).
- **Benefit year:** the period of time which commences on the first Monday of July each year and ends on the last Sunday before the first Monday of July in the following year.

Forms you may need to fill in

- <https://www.gov.cy/gr/hlektronikes-yphresies/koinoniki-pronoia-kai-kratiki-enisxysi/epidomata-kai-wfelhmata/epidoma-astheneias>

Know your rights

The links below define your rights legally. They are not European Commission websites and they do not represent the Commission's views:

- [Social insurance legislation](#);
- [Guide to sickness benefit and incapacity pension](#).

European Commission publication and website:

- <http://ec.europa.eu/social/main.jsp?catId=849&langId=en>.

Who do you need to contact?

Social Insurance Services

- Headquarters
- Leoforos Vyronos 7
- 1465 Nicosia
- CYPRUS
- <http://www.mlsi.gov.cy/sid>

Invalidity pension

This chapter contains what you need to know about the invalidity pension in Cyprus.

This covers:

- the basic invalidity pension;
- the supplementary invalidity pension.

In what situation can I claim?

The invalidity pension is payable to insured employees and self-employed persons and to voluntarily insured persons working for a Cypriot employer overseas who have been off work for at least 156 days and who, within that period, demonstrate that they are going to remain permanently incapable of work i.e. that they are unable to obtain, in the context of an activity which they would in principle be able to perform under normal circumstances, an income above one third of the amount generally earned by a healthy person with the same level of education exercising the same occupation in the same region; or, in the case of people aged from 60 to 63, to those incapable of earning an income greater than half of that amount.

What conditions do I need to meet?

The applicant must satisfy the following insurance conditions:

- to have completed actual basic insurance of at least 3 insurance points and for 156 weeks to have passed since the day the insurance commenced;
- to have a weekly average actual and assimilated basic insurance equal to at least 25% of the years which fall within the reference period; and
- to have actual or assimilated insurance in the relevant contribution year equal to at least 0.39 of the insurance point, or for the average of such insurance during the 2 completed contribution years before the benefit year to not be less than 0.39 of the insurance point.

In the case of incapacity caused by an accident, the insured person is entitled to an incapacity pension as long as, on the day of the accident, he or she satisfied the insurance conditions which apply to sickness benefit.

Although for the purpose of establishing entitlement only contributions by employees, self-employed persons and voluntarily insured persons working for a Cypriot employer overseas are taken into account; when calculating the amount of the pension domestic voluntary contributions are also taken into account. The persons concerned may claim invalidity pension up to the age of 63 for either partial or total invalidity (there is no mention of a lower age limit).

What am I entitled to and how can I claim?

The invalidity pension has two components: the basic pension and the supplementary pension.

When the loss of earning capacity is total a full invalidity pension is paid, calculated as follows:

- The rate of the basic weekly pension is equivalent to 60% of the weekly value of the annual average of the insurance points of the actual and assimilated basic insurance and increases to 80%, 90% or 100% depending on whether there are one, two or three dependants. In the case of an insured person, without a dependent spouse, a 10% increase is paid for each dependant up to a maximum of two.
- The rate of the supplementary weekly pension is equivalent to 1/52 of 1.5% of the total of the beneficiary's actual and assimilated insurable earnings under supplementary insurance.

The total pension (basic and supplementary) may not be less than 85% of the basic pension which the beneficiary would receive if he had full insurance in the standard part of the Plan.

When the loss of earning capacity is partial, the invalidity pension is reduced as a percentage of the full pension by an amount which is calculated relative to the loss of earning capacity, as follows:

Loss of earning capacity	Percentage of the full pension
50%-66.66%	60% (only if the insured person is 60-63 years old)
66.67%-75%	75%
76%-99%	85%

- Beneficiaries also receive free healthcare provided by state hospitals and institutions;
- Those concerned must submit an application for invalidity pension within 3 months of the day on which the permanent incapacity began.

Jargon busters

- **Basic insurance:** includes the insurable earnings for each year up to the amount of the basic insurable earnings i.e. up to one point.
- **Supplementary insurance:** includes insurable earnings for each year above the amount of the basic insurable earnings.
- **Insurance points:** the result arrived at by converting real and assimilated insurable earnings to insurance points.
- **Relevant contribution year:** in relation to benefits, this means the last contribution year before the benefit year which includes the date on which the insurance conditions attached to the benefit must be satisfied (i.e. the relevant contribution year is 2021 for the first half of 2023 and 2022 for the second half of 2023).
- **Benefit year:** the period of time which commences on the first Monday of July each year and ends on the last Sunday before the first Monday of July in the following year.

Dependent members:

- the spouse with whom he/she lives or whom he/she maintains and is not gainfully occupied;
- a child aged under 15 years;
- an unmarried daughter aged between 15 and 23 years who receives regular care;
- an unmarried son aged between 15 and 25 years who is serving his term in the National Guard or is receiving regular education;
- a child, regardless of age, who is permanently incapable of self-support;
- a husband who is unable to work and who is supported by his wife;
- a parent who is unable to work and is supported by the insured person;
- a younger brother or sister of minor age if maintained by the insured person.

Forms you may need to fill in

- [Application for invalidity pension](#)

Know your rights

The links below define your rights legally. They are not European Commission websites and they do not represent the Commission's views:

- [Social insurance legislation](#);
- [Guide to sickness benefit and invalidity pension](#).

European Commission publication and website:

- <http://ec.europa.eu/social/main.jsp?catId=849&langId=en>.

Who do you need to contact?

Social Insurance Services

- Headquarters
- Leoforos Vyronos 7
- 1465 Nicosia
- CYPRUS
- <http://www.mlsi.gov.cy/sid>

Disability benefits

This chapter contains what you need to know about the additional disability benefits in Cyprus, which are provided by the **Department for Social Inclusion of Persons with Disabilities**.

The following are covered here:

- severe motor disability allowance;
- care allowance for individuals with paraplegia or quadriplegia;
- allowance for blind persons;
- mobility allowance;
- scheme for the provision of financial assistance for the acquisition of a disability car;
- scheme for the provision of financial assistance for the purchase of a wheelchair;
- scheme for the provision of financial assistance to persons with disabilities for the acquisition of technical means, instruments and other aids;
- scheme for the provision of grants to organisations of persons with disabilities;
- scheme for the provision of grants for social assistants for adults with very serious disabilities;
- scheme for the provision of the European disability card in Cyprus.

In what situation can I claim?

Cypriots and EU nationals with disabilities residing in Cyprus (areas controlled by the Cyprus Government) for at least 12 months before the application as well as recognised Refugees or Refugees with Supplementary Protection Status with disabilities can apply for Department's social benefits. Income-based criteria do not apply for the provision of these benefits.

What conditions do I need to meet?

Severe motor disability allowance

Beneficiaries: people aged 12-65 who are unable to walk and have a continuous and permanent need to use a wheelchair.

Care allowance for individuals with paraplegia or quadriplegia

Beneficiaries:

Individuals with paraplegia: individuals with minimal movement or no movement in lower or upper limbs.

Individuals with tetraplegia: individuals with minimal movement or no movement at all in all four limbs.

Special care needs: need for increased and special care due to severe medical problems

Allowance for blind persons

Beneficiaries:

Persons whose visual acuity in both eyes is such that even that of the better of the two eyes does not exceed 6/60;

Persons who attended the School for the Blind up to 1990.

Mobility allowance

Beneficiaries:

- students or working persons whose visual acuity does not exceed 6/36 for each eye;
- students or working persons with severe mobility problems in the lower limbs;
- haemodialysis renal patients treated permanently and regularly in a public hospital;
- individuals with thalassemia who are included in regular blood transfusion programs at public hospitals;
- persons under 65 with quadriplegia;
- blind persons
- blind people (visual acuity does not exceed 6/60 for each eye)

Scheme for the provision of financial assistance for the acquisition of a disability car

Beneficiaries: people aged 18-70 with severe disability in the upper and/or lower limbs or severe visual impairment.

Scheme for the provision of financial assistance for the purchase of wheelchairs

Beneficiaries: persons with long-term motor disability who have full and effective difficulties participating in society on an equal basis with others.

Financial assistance scheme for the provision of technical means, instruments and other aids to people with a disability

Beneficiaries: people with severe motor, sensory or other disabilities

Scheme for the provision of the European Disability Card In Cyprus

Beneficiaries: person who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others and whose disability is certified by the Disability Assessment Centers of the Department for Social Inclusion of Persons with Disabilities as moderate or severe or total disability.

When the person with disability needs to be accompanied by another person, as certified by the Disability Assessment Centres of the Department for Social Inclusion of Persons with Disabilities, the same benefits will also be enjoyed by the assistant of the person with disability and the European Disability Card will be marked with an "A" (Assistant).

What am I entitled to and how can I claim?

Severe motor disability allowance

Benefit: € 386.00 per month

Care allowance for individuals with paraplegia or quadriplegia Benefit:

- Individuals with paraplegia with/ without special care needs: €500/€400 per month
- Individuals with tetraplegia with/without special care needs: €1 100/€900 per month

Allowance for blind persons

Benefit: €361.63 per month.

Mobility allowance

Benefits:

- €75 per month to:
 - individuals with severe mobility problems in the lower limbs who work or study;
 - blind people (as described above)
 - haemodialysis renal patients treated permanently and regularly in public hospitals and individuals with thalassemia who are included in regular blood transfusion programs at public hospitals who reside in municipalities.
- €150 per month to:
 - individuals with visual acuity which does not 6/36 for each eye, who work or study;
 - individuals under 65 with quadriplegia;
 - haemodialysis renal patients treated permanently and regularly in public hospitals and
 - individuals with thalassemia who are included in regular blood transfusion programs at public hospitals who reside in communities.

Scheme for the provision of financial assistance for the acquisition of a disability car

Benefit: €3,500 or €4,500 or €9,000 depending on the grade of disability.

Scheme for the provision of financial assistance for the purchase of wheelchairs

Benefit: from €700 up to €13,500 depending on the type of wheelchair.

Financial assistance scheme for the provision of technical means, instruments and other aids to people with a disability

Benefit: financial assistance for the purchase of technical means, instruments and other aids up to 80% of the cost for the purchase of technical means with a maximum amount based on the published catalog of technical

Scheme for the provision of the European Disability Card In Cyprus

Benefits: The European Disability Card has a specific format determined by the European Commission and the Member States participating in the relevant European Program (Cyprus, Belgium, Estonia, Finland, Italy, Malta, Slovenia and Romania). The benefits for the holders of the European Disability Card in Cyprus are set out in the 'LIST OF BENEFITS OF THE EUROPEAN DISABILITY CARD' which constitutes a part of the Scheme. The List can be differentiated and enriched in the future, as it will be published on the special website of the Department for Social Inclusion of Persons with Disabilities. Through this Website, anyone interested can find out how to use the Card and enjoy its benefits in Cyprus.

Furthermore on the Website there will be information about the benefits provided to cardholders in each of the other Member States participating in the Program.

Forms you may need to fill in

- [Severe motor disability allowance](#)
- Care allowance for individuals with paraplegia or quadriplegia
- [Allowance for blind persons](#)
- [Mobility allowance](#)
- [Allowance for the provision of a disability car](#)
- [Scheme for the provision of financial assistance for the purchase of a wheelchair](#)
- [Financial assistance scheme for the provision of technical means, instruments and other aids](#)
- [Scheme for the provision of grants to organisations of persons with disabilities](#)
- [Scheme for the provision of grants for social assistants for adults with severe disabilities](#)
- Scheme For The Provision Of The European Disability Card In Cyprus

Know your rights

The links below define your rights legally. They are not European Commission websites and they do not represent the Commission's views:

- [UN Convention on the rights of persons with disabilities;](#)
- [A law to provide for persons with disabilities;](#)
- [The recruitment of persons with disabilities in the wider public sector Law.](#)

European Commission publication and website:

- <http://ec.europa.eu/social/main.jsp?catId=849&langId=en>.

Who do you need to contact?

Department for Social Inclusion of Persons with Disabilities

- Arch. Makariou III 67
- 2220 Latsia, Nicosia
- CYPRUS
- <http://www.mlsi.gov.cy/dsid>

Old-age and survivors

Statutory pension

This chapter contains what you need to know about the statutory pension.

This covers:

- statutory pension;
- statutory lump sum.

In what situation can I claim?

Statutory pension

The pensionable age is 65. It is possible to receive a pension at the age of 63 under certain conditions. Miners can receive a pension at the age of 63 provided they have worked in a mine for at least 3 years; and they are entitled to a one-month reduction in the retirement age for every 5-month period they worked in a mine on condition that they are no longer engaged in that activity. They may not, however, retire before the age of 58. Cypriot legislation does not provide for early retirement in other cases.

Special benefit for people with thalassemia is granted to insured people with thalassemia from the age of 50 provided that they satisfy the insured conditions for statutory pension at pensionable age. The special benefit is payable until the date the beneficiary is entitled to a statutory pension or until the pensionable age of 65.

Payment of a lump sum instead of a statutory pension

A lump sum is paid at the age of 68 to people who do not satisfy the insurance conditions for the statutory pension. The lump sum payment is not payable if the person concerned is entitled to social pension.

What conditions do I need to meet?

From the first Monday in 2016, to be entitled to a statutory pension the insured person must:

- a) have reached pensionable age i.e. be 65 years old;
- b) have attained actual basic insurance of at least 14 insurance points and 728 weeks must have elapsed since the week of commencement of insurance.

It should be noted that the actual basic insurance requirement is gradually increasing to at least 15 years. From the first Monday of January 2017 and thereafter, the insured person must have attained actual basic insurance of at least 15 insurance points.

However, an insured person is eligible to receive a statutory pension when they reach the age of 63 years if:

- they satisfy the above insurance condition and the number of insurance points from the basic insurance (actual and assimilated) is not less than 70% of the number of years which fall under the relevant reference period; or
- on reaching the age of 63, they were eligible for an invalidity pension; or
- they are aged between 63 and 65 and would have been entitled to an invalidity pension if they had not reached the age of 63.

Insured persons with thalassemia are eligible to a special benefit when they reach the age of 50 if they satisfy the relevant insurance conditions as mentioned above at the pensionable age.

Payment of a lump sum instead of a pension

If an insured person has reached the age of 68 but does not satisfy the insurance conditions for a statutory pension, he or she is entitled to a statutory lump sum instead of a pension if he or she has attained actual basic insurance of at least 6 insurance points and 312 weeks have elapsed since the week of commencement of insurance.

The lump sum is not paid if the insured person is entitled to a social pension.

What am I entitled to and how can I claim?

The pension rate

The statutory pension includes a basic pension and a supplementary pension.

The weekly amount of the basic pension equals to 60% of the weekly value of the annual average insurance points which have been credited to the insured person's basic insurance during the reference period, increased to 80%, 90% or 100% if the beneficiary has one, two or three dependants respectively. In the case of an insured person without a dependent spouse, a 10% increase is paid for each dependant up to a maximum of two.

The weekly supplementary pension is equal to 1.5% of the weekly value of the total number of insurance points in the insured person's supplementary insurance.

The total pension may not be less than 85% of the basic pension that would have been paid to the beneficiary if he or she had full insurance in the standard part of the Scheme.

For the purpose of calculating the pension rate, the insured person's basic insurable earnings are revalued on the basis of the amount of the basic insurable earnings applying on the day of retirement.

The monthly pension rate is calculated by quadrupling the weekly amount.

In December of each year a 13th pension instalment is paid, equal to 1/12 of the pension paid for the whole year.

Pensions are readjusted every year based on the increase of insurable earnings and the price index.

The special benefit for people with thalassemia is calculated the same way as for statutory pension at pensionable age.

A pensioner who worked and had earnings in the period between the date of entitlement to a pension and reaching the age of 65 is entitled to an increase in the weekly pension amount equal to 1/52 of 1.5% of that income.

Actuarial reduction in statutory pension

The amount of the statutory pension payable to a person entitled to claim a statutory pension from the age of 63 is reduced for life (through the submission of the application form for statutory pension, with which the person declares when he wants the pension payments to commence) when the material time falls within the period:

From 1st January 2016 and thereafter, by 0.5% for each complete month or part thereof in the period between the start date of pension payments and the date of reaching the age of 65 years (i.e. a 12% reduction if pension payments begin at the age of 63).

It should be clarified that the actuarial reduction applies in the case both of insured persons entitled to the minimum statutory pension and of widowed pensioners whose late husband or wife, as the case may be, was a statutory pensioner. Furthermore, the actuarial reduction shall also apply to the orphan's benefit which may arise from the death of a parent who was receiving a statutory pension.

To claim a statutory pension/special benefit for people with thalassemia, the insured person must submit an application on a special form which can be obtained from any social insurance district office, citizens' service centre(CSC), citizens' centre (KE.PO) or via the internet. The application must be accompanied by all the required original documentation referred to in the application form which, once completed, should be delivered to any social insurance district office or citizens' service centre or citizens' centre.

Deadline for submitting the application

The application form must be submitted within 3 months before the date from which pension/special benefit for people with thalassemia payments are being claimed. If the application is submitted beyond the deadline, only 3 months will be paid in arrears.

For payment of the lump sum, the application form must be submitted within at most 3 months. If the application is submitted beyond the deadline the lump sum payment will be reduced by 1/12 for every month of the delay.

Jargon busters

- **Insurable earnings:** the amount of the insured person's earnings on which contributions are payable.
- **Insurance points:** the result arrived at by converting real and assimilated insurable earnings to insurance points.
- **Basic insurable earnings:** the amount of insurable earnings which is set each year and increased by Cabinet decree (published in the Official Gazette of the Republic) on the basis of the percentage increase in average insurable earnings in the previous contribution year compared to the contribution year immediately preceding it.
- **Basic insurance:** includes the insurable earnings for each year up to the amount of the basic insurable earnings i.e. up to one point.
- **Weekly value:** the valuation of the insurance point in insurable earnings, based on the weekly amount of basic insurable earnings.
- **Insured person's dependants:**
 - the spouse with whom he/she lives or whom he/she maintains and is not gainfully occupied;
 - child aged under 15 years;
 - an unmarried daughter aged between 15 and 23 years who is in regular education;
 - an unmarried son aged between 15 and 25 years who is serving his term in the National Guard or is in regular education;
 - a child, regardless of age, who is permanently incapable of self-support;
 - a husband who is unable to work and who is supported by his wife;
 - a parent who is unable to work and is supported by the insured person;
 - a younger brother or sister of minor age if maintained by the insured person.
- **Assimilated insurance:** insurable earnings for which the insured person is not obliged to pay contributions:
 - for any period of regular education in an educational institution after the age of 16;
 - for periods of service in the National Guard;
 - for periods when receiving benefits for sickness, unemployment, maternity, paternity, physical injury or an incapacity pension from the Social Security Fund;
 - for any period of absence from work because of parental leave.

When evaluating eligibility for, and the amount of, the statutory and widow's pensions for an insured person who died at or after pensionable age, assimilated insurance from regular education is only taken into account for 6 years i.e. up to 6 insurance points. It should be noted that for all other benefits the period of assimilated insurance for regular education is taken into account without limits. An insured woman, for the purpose of acquiring eligibility for a pension or an increase in its rate, is entitled - for each child she has given birth to or adopted - to assimilated insurance for a period of up to 156 weeks within the 12 years following the birth of each child to cover any possible gaps in her insurance.

- **Contribution year:** for salaried employees whose earnings are set on a monthly basis, this means the calendar year; and for other insured people, this means a period of 52 or 53 weeks commencing on the first Monday of each year and ending on the Sunday preceding the first Monday of the following year.

- **Material time:** in relation to any benefit, this means the first day a person would be eligible for the benefit if they submitted an application for that benefit within the set deadline.
- **Reference period:** the period commencing the first day of the contribution year during which the insured person reached the age of 16 and ending the last week before the week in which the person attains eligibility for pension (material time).
- **Actual insurance:** includes all insurable earnings for which contributions were paid.
- **Actual basic insurance:** refers to the insurable earnings each year in relation to which contributions have been paid up to the amount of the basic insurable earnings.
- **Supplementary insurance:** includes the insurable earnings each year beyond the amount of the basic insurable earnings.
- **Relevant contribution year:** in relation to benefits, this means the last contribution year before the benefit year which includes the date on which the insurance conditions attached to the benefit must be satisfied (i.e. the relevant contribution year is 2021 for the first half of 2023 and 2022 for the second half of 2023).

Forms you may need to fill in

- [Application for statutory pension \(for applicants reaching the age of 63 or 65 in 2016\)](#) .
- Application for special benefit for people with thalassemia

Know your rights

The links below define your rights legally. They are not European Commission websites and they do not represent the Commission's views:

- <http://www.mlsi.gov.cy/mlsi/sid/sidv2.nsf/All/9CD6011AC9CD2687C2257A87002602C6?OpenDocument>;
- <http://www.mlsi.gov.cy/mlsi/sid/sidv2.nsf/All/771DEDEAD70428C5C2257E4A0043D4C1?OpenDocument>.

European Commission publication and website:

- [Retiring abroad: your rights abroad as an EU citizen](#).

Who do you need to contact?

Social Insurance Services

- Central Offices
- Leoforos Vyronos 7
- 1465 Nicosia
- CYPRUS
- <http://www.mlsi.gov.cy/sid>

Survivors' benefits – widow's/widower's pension, orphan's benefit and funeral grant

This chapter contains what you need to know about benefits for survivors in Cyprus.

The following are covered here:

- widow's/widower's pension;
- orphan's benefit;
- funeral grant.

In what situation can I claim?

Surviving spouse's pension

- A surviving spouse's pension is payable to the surviving spouse of an insured person regardless of the category of insurance (employee, self-employed or voluntary insured person);
- Widows: previously dependent on the deceased and living with him or maintained by him till the date of his death;
- Widower: previously dependent on the deceased who passed away from 01.01.2018 and onwards and living with him or maintained by him till the date of his death;

Orphan's benefit

Orphan's benefit is payable to a minor:

- a. when both parents are deceased and at least one of them was insured;
- b. after the death of the parent who was, at the time of death, exclusively or mainly maintaining the minor (in cases where the parents were not living together);
- c. when one parent (the mother or the father) dies and the other is ineligible for a surviving spouse's pension; or
- d. when the mother, who was receiving a surviving spouse's pension, remarries.

Funeral grant

Funeral grant is payable for the death of:

- any insured person, regardless of the category of insurance (employee, self-employed or voluntary insured person);
- a person who was eligible for a statutory pension, invalidity pension, widow's pension, missing person's allowance, or death benefit (death that occurred due to an employment accident or an occupational disease);
- an orphan for whom orphan's benefit is being paid;
- a person who was dependent on an insured person or pensioner;
- an employee whose death was the result of physical injury caused by an employment accident or a designated occupational disease.

What conditions do I need to meet?

Widow's pension

The insurance conditions for the payment of the surviving spouse's pension are as follows:

- if the spouse had not reached the pensionable age by the day they died, then:
 - a. the insured person must have acquired actual basic insurance of at least 3 insurance points and 156 weeks must have elapsed since the week the insurance commenced;

b. the insured person's total number of insurance points from actual and assimilated basic insurance must not be less than 25% of the years which fall within the relevant reference period.

- if the spouse died after reaching pensionable age, they must have been in receipt of the statutory pension or entitled to a statutory pension if the relevant application had been submitted;
- if the death was caused by any accident, the insurance conditions are that the insured person:
 - a. had actual insurance equal to at least 0.50 of an insurance point and at least 26 weeks had elapsed since the week in which the insurance commenced; and
 - b. had actual or assimilated insurance equal to at least 0.39 of an insurance point in the relevant contribution year.

Orphan's benefit

In cases where both parents of a minor child have died, it is sufficient for one of the deceased parents to have been insured, even if they were not living together.

If one parent (mother or father) dies and the other is not eligible for a surviving spouse's pension, the parent who died must have satisfied the conditions for a surviving spouse's pension.

Funeral grant

The insurance conditions for payment of a funeral grant for the death of an insured person or a dependant of an insured person are that the insured person:

- had actual insurance equal to at least 0.50 of an insurance point and at least 26 weeks had elapsed since the week in which the insurance commenced; and
- had actual or assimilated insurance equal to at least 0.39 of an insurance point in the relevant contribution year.

Where the insured person dies as a consequence of an employment accident or occupational disease, a funeral grant is payable even if the above conditions are not satisfied.

For the death of a pensioner or the dependant of a pensioner, it is sufficient that a pension was being paid or that there was an entitlement to a pension on the date of the death.

For the death of an orphan for whom orphan's benefit was being paid, a funeral grant is payable without any further conditions.

What am I entitled to and how can I claim?

Surviving spouse's pension

The surviving spouse's pension includes a basic pension and a supplementary pension.

- The weekly amount of the basic pension equals to 60% of the weekly value of the annual average insurance points which have been credited to the insured person's basic insurance during the reference period, increased to 80%, 90% or 100% if the beneficiary has one, two or three dependants respectively. If the deceased person was receiving a statutory pension with an actuarial reduction, then the basic surviving spouse's pension amount shall be equal to the amount of the deceased person's statutory pension without the increments for dependants. This amount is increased by 1/3, 1/2 or 2/3 where the beneficiary has one, two or three dependants respectively;
- The amount of the supplementary weekly pension is equal to 60% of the supplementary statutory or invalidity pension that was paid to the deceased person. In any other case, the weekly amount of supplementary pension is equal to 60% of

the invalidity pension that would have been payable to the deceased if they had satisfied the insurance conditions for such a pension on the date of their death, i.e.:

- a) the insured person must have actual basic insurance of at least 3 insurance points and 156 weeks must have elapsed since the day on which the insurance commenced; and
- b) the insured person's total number of insurance points from actual and assimilated basic insurance must not be less than 25% of the years which fall within the relevant reference period.

For the purpose of calculating the amount of surviving spouse's pension, the insured person's basic insurable earnings are revalued on the basis of the amount of the basic insurable earnings applying on the day of death.

In December of each year a 13th pension instalment is paid, equal to 1/12 of the pension paid for the whole year.

Pensions are readjusted every year in line with the increase of insurable earnings and the price index.

The surviving spouse's pension begins from the day the spouse dies and is payable for life or until the surviving spouse remarries.

In case the surviving spouse remarriage the pension ceases.

If the deceased entered into a marriage after the pensionable age, the surviving spouse is entitled to a pension if the marriage lasted at least 5 years.

Orphan's benefit

The orphan's benefit comprises of two parts: the basic and the supplementary.

- a) In the case of a minor where either both parents have died and of whom at least one was insured or (if the parents were not living together) the parent who, at the time of death, was exclusively or mainly responsible for maintenance dies, the basic weekly amount is the same for every orphan and is equal to 40% of the weekly basic insurable earnings. The level of the supplementary part is equal to 50% of the supplementary surviving spouse's pension which was paid or payable for the deceased parent. Should there be more than two orphans the supplementary benefit cannot exceed the level of the supplementary surviving spouse's pension.
- b) Where both parents were insured, the amount of the weekly supplementary benefit is calculated based on whichever parent's insurance is most beneficial for the minor.
- c) In cases where either one parent (mother or father) has died and the other was not entitled to a surviving spouse's pension, or where a mother receiving a surviving spouse's pension has remarried, the amount of benefit is 20% of the weekly basic insurable earnings for each orphan (up to three orphans).

The monthly amount of the orphan's benefit is calculated by quadrupling the weekly amount.

In December of each year a 13th benefit instalment is paid, equal to 1/12 of the pension paid for the whole year.

Orphans' benefits are readjusted every year in line with the increase of insurable earnings and the price index

Orphan's benefit is payable until the orphan reaches adulthood or, if the orphan is permanently incapable of self-support, for life.

Funeral grant

Funeral grant is paid as a lump sum and is equal to 5.6% of the annual basic insurable earnings applicable at the time. The amount of the funeral grant is reviewed every January.

To be awarded a surviving spouse's pension or orphan's benefit, an application form must be submitted accompanied by the required original certificates within 3 months of the date of death. If the application for a surviving spouse's pension is submitted late, only 3 months are paid in arrears. However, in exceptional circumstances, if the applicant can demonstrate that there was a justifiable reason for the delay, the pension may be paid retrospectively for up to 12 months.

To be given a funeral grant, the relevant application form and the required original certificates must be submitted within 1 year of the date of death.

Jargon busters

- The following are considered to be **minors**:
 - a child aged under 15 years;
 - an unmarried son aged between 15 and 25 years who is in regular education in an educational institution or serving his term in the National Guard;
 - an unmarried daughter aged between 15 and 23 years who is in regular education in an educational institution;
 - an unmarried child, regardless of age, who is permanently incapable of self-support.
- **Insurable earnings**: the amount of the insured person's earnings on which contributions are payable.
- **Insurance points**: the result by converting real and assimilated insurable earnings to insurance points.
- **Basic insurable earnings**: the amount of insurable earnings which is set each year and increased by Cabinet decree (published in the Official Gazette of the Republic) on the basis of the percentage increase in average insurable earnings in the previous contribution year compared to the contribution year immediately preceding it.
- **Basic insurance**: includes the insurable earnings for each year up to the amount of the basic insurable earnings i.e. up to 1 point.
- **Weekly value**: the valuation of the insurance point in insurable earnings, based on the weekly amount of basic insurable earnings.
- **Insured person's dependants**:
 - the spouse with whom he/she lives or whom he/she maintains and is not gainfully occupied;
 - a child aged under 15 years;
 - an unmarried daughter aged between 15 and 23 years who is in regular education;
 - an unmarried son aged between 15 and 25 years who is serving his term in the National Guard or is in regular education;
 - a child, regardless of age, who is permanently incapable of self-support;
 - a husband who is unable to work and who was supported by his wife;
 - a parent who is unable to work and was supported by the insured person;
 - a younger brother or sister of minor age if maintained by the insured person.
- **Assimilated insurance**: insurable earnings for which the insured person is not obliged to pay contributions:
 - for any period of regular education in an educational institution after the age of 16;
 - for periods of service in the National Guard;
 - for periods when receiving benefits for sickness, unemployment, maternity, paternity, physical injury or the invalidity pension from the Social Security Fund;
 - for a period of absence from work because of parental leave.

When evaluating eligibility for, and the amount of, the statutory pension and surviving spouse's pensions for the death of an insured person who died at or after pensionable age, assimilated insurance from regular education is only taken into account for 6 years i.e. up to 6 insurance points. It should be noted that for all other benefits the period of assimilated insurance for regular education is taken into account without limits. An insured woman, for the purpose of acquiring eligibility for a pension or an increase in its rate, is entitled - for each child she has given birth to or adopted - to

assimilated insurance for a period of up to 156 weeks within the 12 years following the birth of each child to cover any possible gaps in her insurance.

- **Contribution year:** for salaried employees whose earnings are set on a monthly basis, this means the calendar year; and for other insured people, this means a period of 52 or 53 weeks starting on the first Monday of each year and ending on the Sunday preceding the first Monday of the following year.
- **Material time:** in relation to any benefit, this means the first day a person would be eligible for the benefit if they submitted an application form for that benefit by the set deadline.
- **Reference period:** the period commencing the first day of the contribution year during which the insured person reached the age of 16 and ending the last week before the week in which the person attains eligibility for pension (material time).
- **Break in employment:** any two days, consecutive or otherwise, falling within a period of 6 consecutive days and any such breaks in employment between which there is not an intervening period of employment greater than 13 weeks. In other words, not only 13 weeks have to have passed, but there must have been employment for a period of at least 13 weeks.
- **Actual insurance:** includes all insurable earnings for which contributions were paid.
- **Actual basic insurance:** refers to the insurable earnings each year in relation to which contributions have been paid up to the amount of the basic insurable earnings.
- **Supplementary insurance:** includes the insurable earnings each year beyond the amount of the basic insurable earnings.
- **Relevant contribution year:** in relation to benefits, this means the last contribution year before the benefit year which includes the date on which the insurance conditions attached to the benefit must be satisfied (i.e. the relevant contribution year is 2021 for the first half of 2023 and 2022 for the second half of 2023).

Forms you may need to fill in

- [Application for surviving spouse's pension](#)
- [Application for orphan's benefit](#)
- [Application for funeral grant](#)

Know your rights

The links below define your rights legally. They are not European Commission websites and they do not represent the Commission's views:

- <http://www.mlsi.gov.cy/mlsi/sid/sidv2.nsf/All/9CD6011AC9CD2687C2257A87002602C6?OpenDocument>;
- [Guide to orphan's benefit, funeral grant and widow's pension.](#)

European Commission publication and website:

- [Death grants: your rights abroad as an EU citizen.](#)

Who do you need to contact?

Social Insurance Services

- Central Offices
- Leoforos Vyronos 7
- 1465 Nicosia
- CYPRUS
- <http://www.mlsi.gov.cy/sid>

Social assistance

Guaranteed minimum income benefit

This chapter includes what you need to know about the guaranteed minimum income (GMI) benefit in Cyprus.

In what situation can I claim?

The purpose of this benefit is to ensure a socially acceptable minimum standard of living for people and their families lawfully residing in the Republic of Cyprus, as long as they meet the relevant eligibility criteria. Specifically, any person whose income and other financial resources are insufficient to satisfy his or her basic and specific needs, as defined by law 109 (I)/2014 as amended or superseded, may seek the provision of a guaranteed minimum income, which is given in the form of financial support and/or services.

The right to the benefit in question is an individual one and is conferred on the applicant as long as all the conditions set down by law have been met.

The benefit varies according to the applicant's income. As the applicant's income rises, the benefit decreases. The total amount received by the applicant varies depending on the number of family members and their specific needs.

This scheme is non-contributory as it is not linked to contributions paid by employers, workers or insured people.

What conditions do I need to meet?

1. A person may submit an application to become entitled to receive the guaranteed minimum income benefit if the following conditions are met:

(a) The applicant must be either:

- a citizen of the Republic of Cyprus;
- a European Union citizen;
- a third country national who has long-term resident status in the Republic according to the Aliens and Immigration Law, as amended or superseded;
- a third country national who has legal status provided under the Refugees Act, as amended or superseded, with the exception of asylum seekers; or
- a person who is a victim within the meaning of the law on preventing and combating the trafficking and exploitation of people and the protection of victims.

(b) The applicant must, in the 5-year period immediately preceding the date of submitting the application, have been lawfully and habitually residing in the Republic. Third country nationals who have legal status provided under the Refugees Act or people who are victims within the meaning of the law on preventing and combating the trafficking and exploitation of people and the protection of victims

may submit an application and become beneficiaries regardless of their age and the length of their stay in the Republic if no other member of their family unit has submitted an application and/or become a beneficiary.

2. The beneficiary must remain lawfully and habitually resident in Cyprus at all times while receiving the guaranteed minimum income, otherwise he or she ceases to be eligible.

3. The total income of members of the family unit must be lower than their total needs as assessed on the basis of the guaranteed minimum income.

4. Neither the applicant nor any other member of the family unit may own real estate with a value in excess of €100,000. The applicant's privately owned dwelling is not taken into account as long as it does not exceed 300 sq.m.

- Immovable assets of an additional estimated value of €100,000 can be disregarded if they are not usable due to legal restrictions imposed prior to the enactment of the legislation (July 2014).
- Immovable property worth between €100,000 and €200,000 is not taken into account, if it is burdened the whole or the greater part thereof, due to encumbrance entry or usufruct (before the 11th July 2014).

5. The bank deposits of the applicant and of any member of his or her family unit may not exceed €5,000, raised by €1,000 for each additional member of the family unit. The value of other financial assets must not exceed €5,000. Compensation received as the result of injury or damage from an accident is not taken into account.

- Special provisions allow for the exclusion from the deposit limit of an additional €20,000 in the case: of persons with severe and total disabilities, when they are not usable because they either have been blocked as a guarantee for a loan or they are deposits of a person under the age of 18 provided that in both cases the event took place before the enactment of the legislation (July 2014), when they are the product of a student loan, when they belong to a parent of advanced age that needs help in accessing them, and, when they belong to children under the age of 18 by means of inheritance or similar reasons.

6. Neither the applicant nor any member of the family unit may have alienated moveable or immovable assets exceeding the limits referred to in paragraphs (4) and (5) during the 12 months prior to submitting the application unless they can provide satisfactory explanations as to why that alienation was imperative or necessary.

7. Even if they have been lawfully and habitually resident in the Republic for 5 years, people may not submit applications and become beneficiaries of a guaranteed minimum income if they are:

- a monk in a monastery;
- a National Guardsman;
- a full time student, with the exception of students who were in the care of the director of social welfare services when they reached the age of 18, or who are disabled, or who are orphans;
- intentionally unemployed.

8. The applicant must be:

- over 28 years old;
- a married person of any age;
- a single parent of any age;
- an orphan of any age;
- a disabled person of any age;
- an adult who, before reaching the age of 18, was in the care of the director of social welfare services.

Grants and benefits which are not taken into account when calculating the guaranteed minimum income:

- funeral grant;
- childbirth grant;
- student grant;
- soldier's allowance;
- support scheme for pensioners on low incomes;
- contributions from charities or philanthropic institutions;
- maintenance from a taxable person if it is demonstrated that it is not being received (evidence must be produced);
- all benefits and/or subsidies and/or grants provided under legislation or schemes implemented by the department of social inclusion of people with disabilities;
- all benefits and/or subsidies and/or grants provided to a person with a disability on account of that disability;
- the first €512 of the monthly income of a child whose earnings are derived from training or acquiring practical experience are not counted as income;
- any amounts given to the applicant and/or beneficiary and/or any person belonging to the family unit by the Welfare Lottery Fund as financial assistance; or by the Ministry of Labour, and Social Insurance as emergency financial assistance with ministerial approval;
- out of the monthly income from employment of the applicant/beneficiary or the spouse, if the income is greater than €500 then the first €170 are not taken into account when calculating the guaranteed minimum income;
- for earnings of under €500, the amount not taken into account is calculated as follows:
 - the first €50 are not taken into account; and
 - from the next €50 up to €200, 40% of that part of the income is not taken into consideration; and
 - from the remaining €200 up to €500, 20% of that part of the income is not taken into account.
- of the monthly income from employment of any adult child under the age of 28, only 50% of the first €480 is taken into account. This means that for a child's income up to €480, the guaranteed minimum income benefit for the rest of the family is not reduced at all since in calculating the monthly benefit €240 will continue to be taken into account for that child. For a child's income exceeding €480, only a small part is taken into account as family income, as follows:
 - of the next €480-1,000, only 10% of that part of the income is taken into account; and
 - of the next €1,000-2,000, 15% of that part of the income is taken into account; and
 - for a child's income in excess of €2,000, 20% of that part of the income is taken into account.
- if the applicant/beneficiary or the spouse is a disabled person, then the first €512 of earnings from employment are not taken into account as income.

What am I entitled to and how can I claim?

The guaranteed minimum income comprises:

1. the monthly amount which corresponds to the applicant/beneficiary's subsistence needs included in the minimum subsistence basket; and
2. the monthly amount which may be granted for providing accommodation, and any beneficiary of the guaranteed minimum income is given payments for:
 - (a) municipal and other similar charges;
 - (b) assistance to cover emergency needs
 - (c) assistance to cover care needs.

The monthly amounts corresponding to the subsistence basket are:

- €480 for the applicant/beneficiary;
- €240 for the spouse and for each member of the family aged over 14;
- €144 for each member of the family aged under 14.

Housing allowance is granted when either the beneficiary is living in a rented property or in an owned property for which they pay mortgage interest. The level of the housing allowance is calculated according to the composition of the family unit and the district of residence.

The estimated area of residence:

- for a single person or couples is 55 m²
- An additional 25 m² for applicants staying with a disabled person or for dependent: 1 minor child, 2 minors of the same sex and / or an adult child;
- Additional 20 m²: for every 2 additional minors of the same sex and / or for every additional child.

The amounts granted by each district will be as follows:

- Nicosia : 4,06€/m²
- Limassol: 4,41€/m²
- Larnaca: 3,50€/m²
- Paphos: 2,94€/m²
- Famagusta: 2,94€/m²

Moreover the total housing allowance can be increased by 20% for people with disabilities and up to 50% for wheelchair dependent people or those with increased needs of care and assistance.

Care services

Beneficiaries of the guaranteed minimum income or people with insufficient income may be provided with care services by the social welfare services. Should a person request care (there is a special space on the application form) then they will be assessed by the social welfare services and, depending on their needs, will receive the corresponding care.

Care includes various care services including home care, institutional care, day care, respite care, childcare and protection and incontinence pants where required.

An interested party may submit an application for the GMI benefit to the Welfare Benefits Administration Service or the Social Welfare Service of the Deputy Ministry of Social Welfare, as well the supplementary applications for requesting care.

The application will be considered by the Head of the service, who will initially check that the application has been completed in full and that all the required documents have been submitted.

Examination of applications

The applicant will be informed if the application is incomplete. If the application is complete, the applicant's real estate and their financial status with credit institutions will be investigated via file interfaces in order to verify the application's validity.

Jargon busters

- **In relation to an applicant and/or beneficiary of the guaranteed minimum income, a family unit is defined as follows:**
 - The spouse, if he or she lives in the same home as the applicant and/or beneficiary. This includes people who have not married but live as a couple;
 - Minor children (under 18) if they live in the same home as the applicant and/or beneficiary;
 - A child (18-28 years old), regardless of where he or she lives as long as it is within the Republic. The condition about residing in the Republic does not apply if the child is a student.
- **Financial assets:** any intangible property which includes money (deposits, bills, bank drafts), accounts receivable, tradable securities (bonds, shares, securities), insurance policies and other such assets.
- **Minimum subsistence basket:** the types of needs and the monthly amount to cover those needs whether for one person or for members of their family unit as well.

Forms you may need to fill in

- Application for the provision of a Guaranteed Minimum Income (forms EEE1.v2, EEE3.v2, EEE.15).
- For care: Supplementary form for the care of GMI beneficiaries (form EEE10.v3), and Special form to cover the need to use incontinence pants (form EEE11.v3).
- For municipal and other similar charges the form EEE13.v2 should be filled.
- For assistance to cover emergency needs the form EEE7.v2 should be filled

Know your rights

The links below define your rights legally. They are not European Commission websites and they do not represent the Commission's views:

- Legislation and regulatory and administrative acts on the guaranteed minimum income.

European Commission publication and website:

- <http://ec.europa.eu/social/main.jsp?catId=849&langId=en>.

Who do you need to contact?

Welfare Benefits Administration Service

- Themistokli Dervi 46
- MEDCON Tower
- 1066 Nicosia
- CYPRUS
- Tel.: 22803030
- <http://www.wbas.dmsw.gov.cy/>

Social pension

This chapter contains what you need to know about the social pension in Cyprus.

In what situation can I claim?

The law on granting the social pension came into force on 1 May 1995 and is intended to provide a pension to all residents of the Republic of Cyprus who have reached the age of 65 and who are not entitled to a pension or other similar payment from any other source. The social pension is paid out of the Republic's Consolidated Fund.

Beneficiaries:

People are entitled to a social pension if:

- a. they have reached the age of 65 years;
- b. at the age of 65 or thereafter they satisfy the residency conditions, and
- c. they are not entitled, from any other source, to a pension or other similar payment which has a monthly value equal to or greater than the monthly rate of the social pension.

What conditions do I need to meet?

The applicant must meet the following conditions:

- a) to have legally resided in Cyprus or in countries which are members of the European Union or the European Economic Area or in Switzerland for a total period of at least 20 years since the day they reached the age of 40; or
- b) to have legally resided in Cyprus or in countries which are members of the European Union or the European Economic Area or in Switzerland for a total period of at least 35 years since the day they reached the age of 18.

For the purpose of calculating the period of residency, any period of absence from Cyprus for a period of less than 2 months in any calendar year is deemed to be a period of residency in Cyprus.

What am I entitled to and how can I claim?

The monthly rate of the social pension is 81% of the full basic statutory pension which is paid by the Social Insurance Fund.

Should the person be entitled to a pension or other similar payment from any other source, the monthly amount of which is lower than the monthly amount of the social pension, then the monthly amount of social pension is equal to the difference between the two.

In December of each year a 13th pension instalment is paid, equal to 1/12 of the total pension paid for that year.

In order to claim a social pension, a person must submit an application form on a special form which can be obtained from any social insurance district office or citizens' service

centre or citizens' centre or via the internet. The application along with all the required original documentation referred to in the application form should be delivered to any social insurance office or citizens' service centre or citizens' centre. The application for a social pension must be submitted within 3 months of the date of becoming eligible. If the application is submitted beyond the deadline, only 3 months will be paid in arrears. However, in exceptional circumstances, if the applicant demonstrates that there was a reasonable cause for the delay in submitting the application the pension may be paid retrospectively for up to 12 months.

Forms you may need to fill in

- [Application for social pension](#)

Know your rights

The links below define your rights legally. They are not European Commission websites and they do not represent the Commission's views:

- <http://www.mlsi.gov.cy/mlsi/sid/sidv2.nsf/All/9CD6011AC9CD2687C2257A87002602C6?OpenDocument>;
- <http://www.mlsi.gov.cy/mlsi/sid/sidv2.nsf/All/771DEDEAD70428C5C2257E4A0043D4C1?OpenDocument>.

European Commission publication and website:

- [The EU provisions on EU social security. Your rights when moving within the European Union](#);
- [Coordination of social security systems](#).

Who do you need to contact?

Social Insurance Services

- Central Offices
- Leoforos Vyronos 7
- 1465 Nicosia
- CYPRUS
- <http://www.mlsi.gov.cy/sid>

Household allowance for pensioners on low incomes

The chapter contains what you need to know about the household allowance for pensioners on low incomes in Cyprus.

In what situation can I claim?

This is a financial support plan aimed at households of pensioners whose total annual income is below the poverty line.

What conditions do I need to meet?

- Dependent children must be under 18 years old (up to 23 years for children in full-time education, up to 25 years for unmarried sons according to the period of serving in the National Guard or any age if the child is unmarried and suffers from a serious illness).
- The total household income must not be above the poverty line. According to the Statistical Service's EU-SILC study, the poverty line for a single-person household is €10,324.

What am I entitled to and how can I claim?

- The household must consist of at least one pensioner, regardless of age, who is receiving:
 - a pension from the Social Insurance Fund; and/or
 - a social pension; and/or
 - a pension from an occupational pension scheme in Cyprus.
- The amount of the grant for pensioners depends on the number of people living in the household and the household income;
- The allowance is paid on a monthly basis.

Indicative table for a single person is shown below:

Monthly amount of pension and income (€)	Monthly benefit for 2023 (€)	Total amount of pension and income (€)
Up to 341	Up to 369	710
Up to 360	Up to 350	710
Up to 400	Up to 310	710
Up to 450	Up to 271	710-721
Up to 500	Up to 244	721-744
Up to 550	Up to 216	744-766
Up to 600	Up to 189	766-789
Up to 794	Up to 161	789-834

The person concerned must complete the application (EXS1) for the provision of the benefit for pensioners with low income accompanied by the required certificates. Any pensioner who is interested for any benefits provided by the Guaranteed Minimum Income (GMI) must complete the relevant application EEE1 or EEE15 if interested to be examined as disabled person. If approved according to the guaranteed minimum income (GMI requirements), they will continue to receive the higher of the pensioners low income-benefit and GMI benefit.

Information from the social insurance services and other occupational pension schemes is required in order to determine the amount of pension to be received. Information from social security services and the Department of Inland Revenue, concerning the income collected, is also required.

Jargon busters

- **Basic insurance:** insurable earnings not exceeding basic insurable earnings (up to 1 insurance point).
- **Supplementary insurance:** insurable earnings which exceed the basic insurable earnings (more than 1 insurance point).
- **Insurance point:** equal to 52 times the weekly basic amount = € 10,089.
- **Relevant contribution year:** the last contribution year before the allowance period, which includes the date on which the insurance conditions attached to the benefit must be satisfied.
- **Allowance year:** the period commencing on the first Monday in July of each year and ending on the Sunday before the first Monday of July in the following year.
- **Dependent members:**
 - male beneficiary: his wife is a dependent member if she lives with or is maintained by him and is neither receiving a pension from the Social Insurance Fund nor making a living by herself;
 - female beneficiary: her husband is a dependent member if he is not in a position to support himself, is supported entirely by her and is not in receipt of a pension from the Social Insurance Fund;
 - dependent children must be under 15 (25 for unmarried sons in full-time education or completing their military service, 23 for unmarried daughters, or any age if unmarried and permanently incapable of self-support);
 - in cases where both members are in receipt of a pension, the increase for dependent children is given to the spouse who is eligible for the higher increment;
 - other dependent members: parents or a younger brother or sister who are mainly supported by the insured person.

Forms you may need to fill in

- Application for the provision of benefit to low-income pensioners (form EXS1).
- Application for the provision of a Guaranteed Minimum Income (form EEE1).
- Application for the provision of Guaranteed Minimum Income for person with disability (form EEE 15).

Know your rights

The links below define your rights legally. They are not European Commission websites and they do not represent the Commission's views:

- [Social insurance legislation](#);
- [Welfare Benefits Administration Service](#)

European Commission publication and website:

- <http://ec.europa.eu/social/main.jsp?catId=849&langId=en>.

Who do you need to contact?

Welfare Benefits Administration Service

- Themistokli Dervi 46
- MEDCON Tower
- 1066 Nicosia
- CYPRUS
- Tel.: 22803030
- <http://www.wbas.dmsw.gov.cy>

Unemployment

Unemployment benefit

This chapter contains what you need to know about unemployment benefit in Cyprus.

In what situation can I claim?

Unemployment benefit is paid to workers or to voluntarily insured people working for a Cypriot employer overseas, 16 to 63, who are unemployed. The limit is extended to 65 if the insured person is not entitled to a statutory pension. The self-employed are not entitled to unemployment benefit.

What conditions do I need to meet?

The insurance conditions for the payment of unemployment benefit are:

- to have actual basic insurance equal to at least 0.50 of the insurance point and for at least 26 weeks to have elapsed since the insurance commenced; and
- to have actual or assimilated insurance equal to at least 0.39 of the insurance point in the relevant contribution year.

The person must also:

- be unemployed;
- not be engaged in work from which he or she earns more than 1/12 of the amount of the basic insurable earnings (€16.04 per day for 2023);
- have registered as a job-seeker and be available to the Public Employment Service;
- have registered as unemployed at the district social insurance office to which he or she will report regularly;
- be capable of work;
- be available to work.

An unemployed person who has exhausted the entitlement to unemployment benefit (i.e. who has been paid benefits for 156 days) requalifies to receive the benefit if, after exhausting the right, he or she has been employed for at least 26 weeks and has paid contributions which, in total, are not less than 26 times the weekly amount of basic insurable earnings.

If the unemployed person is over 60 and is not eligible for a pension from an occupational scheme, he or she requalifies for unemployment benefit after working for at least 13 weeks rather than 26, having paid contributions on insurable earnings which, in total, may not be less than 26 times the weekly amount of basic insurable earnings.

What am I entitled to and how can I claim?

Unemployment benefit is paid for a period not exceeding 156 days in each period of unemployment.

The weekly unemployment benefit rate is the same as the sickness benefit rate and is calculated in the same way. It is composed of a basic and a supplementary benefit.

The spouse (regardless of gender) is deemed to be dependent if receiving wages or benefits of smaller value than the increment for a dependent person. Where both spouses are entitled to benefits at the same time the increment for dependants is paid only to the spouse who is entitled to benefit increment at the higher rate.

	Basic benefit	Supplementary benefit
	In% of the weekly value of the insurance points in the basic insurance during the relevant contribution year	In% of the weekly value of the insurance points in the supplementary insurance during the relevant contribution year
Applicant	60%	50% (cannot exceed the weekly amount of the basic insurable earnings)
Dependent member: 1 (spouse)	80%	-
Dependent members: 2	90%	-
Dependent members: 3 (maximum)	100%	-

If no increase is paid for a dependent spouse, then a 10% increment is paid for each of up to two dependants.

In order to receive this benefit you must be registered with the Public Employment Service as a job-seeker and sign the unemployment register at the district social insurance office.

Unemployment benefit is paid from the 4th day of unemployment, or, in the case of people working overseas on behalf of a Cypriot employer, the benefit is paid from the 31st day.

Jargon busters

- **Basic insurance:** includes the insurable earnings for each year up to the amount of the basic insurable earnings i.e. up to 1 point.
- **Supplementary insurance:** includes insurable earnings for each year above the amount of the basic insurable earnings.
- **Insurance points:** the result arrived at by converting real and assimilated insurable earnings to insurance points.
- **Relevant contribution year:** in relation to benefits, this means the last contribution year before the benefit year which includes the date on which the insurance conditions attached to the benefit must be satisfied (i.e. the relevant contribution year is 2021 for the first half of 2023 and 2022 for the second half of 2023).
- **Benefit year:** the period of time which commences on the first Monday of July each year and ends on the last Sunday before the first Monday of July in the following year.

Forms you may need to fill in

<https://www.gov.cy/gr/hlektronikes-yphresies/koinoniki-pronoia-kai-kratiki-enisxysi/epidomata-kai-wfelhmata/aitisi-gia-epidoma-anergias>

Know your rights

The links below define your rights legally. They are not European Commission websites and they do not represent the Commission's views:

- [Social insurance legislation](#);
- [Guide to unemployment benefit](#).

European Commission publication and website:

- [Social insurance cover: your rights as an EU citizen abroad](#).

Who do you need to contact?

Social Insurance Services

- Headquarters
- Leoforos Vyronos 7
- 1465 Nicosia
- CYPRUS
- <http://www.mlsi.gov.cy/sid>

Moving abroad

Aggregation of insured time

This chapter brings together what you need to know about aggregating periods of insurance, employment and residency in order to establish eligibility for benefits.

In what situation can I claim?

If you do not meet the insurance conditions laid down by social insurance legislation in Cyprus in order to establish entitlement to a benefit then your periods of insurance, residency or employment in other Member States of the EU, EEA and in Switzerland (states bound by the relevant EU regulations) are aggregated with your periods of insurance in Cyprus in order to fulfil the relevant insurance conditions for entitlement to a benefit.

The aggregation of the periods of insurance, residency or employment in other Member States of the EU or EEA or in Switzerland applies to all the following benefits:

- childbirth grant;
- maternity allowance;
- paternity allowance;
- unemployment benefit;
- sickness benefit;
- incapacity benefit;
- statutory pension;
- surviving spouse's pension;
- orphan's benefit;
- physical injury benefit;
- social pension;
- child benefit.

What am I entitled to and how can I claim?

If you have worked in another EU, EEA Member State or in Switzerland and you are claiming benefits Social Insurance Scheme you may be requested to submit the following:

- a record of your insurance contributions using forms E104 and U1 which you can be obtained from the relevant social insurance institution in the country in which you worked, and submit them to the following:

Cyprus Social Insurance Services (E104 for sickness, maternity benefit, death grant, disability benefit and U1/E301 for unemployment benefit);

Welfare Benefits Administration Service, for child benefits (E104);

Ministry of Health, for healthcare benefits (E104).

If you submit an application for a pension you must state if you have worked in other Member States so that the social insurance services can, if necessary, request from the relevant institution in those Member States for the periods of insurance completed there.

If it is necessary to take into account periods of insurance or residence you completed in other Member States of the EU or EEA or in Switzerland in order to establish your entitlement to a pension from Cyprus, the amount of the pension will correspond to the length of your insurance in Cyprus.

Know your rights

The links below define your rights legally. They are not European Commission websites and they do not represent the Commission's views:

- [Guide for repatriates](#).

Publication and European Commission website:

- <http://ec.europa.eu/social/main.jsp?catId=849&langId=en>.

Who do you need to contact?

Social Insurance Services

- Headquarters
- Leoforos Vyronos 7
- 1465 Nicosia
- CYPRUS
- <http://www.mlsi.gov.cy/sid/>
- Email: interrel@sid.mlsi.gov.cy

Main residence

Habitual residence

The chapter brings together what you need to know about the habitual residence in Cyprus condition that you need to meet to qualify for the payment of some benefits.

In what situation can I claim?

The term habitual residence means that you must have the centre of your interests in Cyprus and that you intend to stay in Cyprus in the near future.

In order to ascertain the extent to which your habitual residence is in Cyprus, the following are some of the things taken into consideration:

- your family situation (marital status and family ties);
- the duration and the continuity of your presence in Cyprus;
- your employment status (the type and specific characteristics of the activities you engage in, especially the location where those activities are normally performed, the stability of the activity, and the duration of any employment contract there may be);
- the performance of any unpaid activities;
- if you are studying, the source of your income;
- your accommodation situation and, in particular, how permanent it is;
- your tax domicile;
- the reasons why you moved to Cyprus;
- your intentions, as deduced from all the circumstances.

The condition of habitual residence is applied to everyone, without any distinction being made between Cypriot nationals and nationals of other Member States.

The habitual residence condition applies to the following benefits:

- social pension;
- unemployment benefit (if your habitual residence was in Cyprus but you were insured in another Member State and you are looking for work in Cyprus).

Know your rights

The links below define your rights legally. They are not European Commission websites and they do not represent the Commission's views:

- [Guide for repatriates](#).

European Commission publication and website:

- <http://ec.europa.eu/social/main.jsp?catId=849&langId=en>.

Who do you need to contact?

Social Insurance Services

- Headquarters
- Leoforos Vyronos 7
- 1465 Nicosia
- CYPRUS
- <http://www.mlsi.gov.cy/sid/>
- Email: interrel@sid.mlsi.gov.cy

Getting in touch with the EU

In person

All over the European Union there are hundreds of Europe Direct information centres. You can find the address of the centre nearest you at: europa.eu/european-union/contact_en

On the phone or by email

Europe Direct is a service that answers your questions about the European Union. You can contact this service:

- by freephone: 00 800 6 7 8 9 10 11 (certain operators may charge for these calls),
- at the following standard number: +32 22999696 or
- by email via: europa.eu/european-union/contact_en

Finding information about the EU

Online

Information about the European Union in all the official languages of the EU is available on the Europa website at: europa.eu/european-union/index_en

EU publications

You can download or order free and priced EU publications at: publications.europa.eu/en/publications. Multiple copies of free publications may be obtained by contacting Europe Direct or your local information centre (see europa.eu/european-union/contact_en).

EU law and related documents

For access to legal information from the EU, including all EU law since 1952 in all the official language versions, go to EUR-Lex at: eur-lex.europa.eu

Open data from the EU

The EU Open Data Portal (data.europa.eu/euodp/en) provides access to datasets from the EU.

Data can be downloaded and reused for free, both for commercial and non-commercial purposes.

