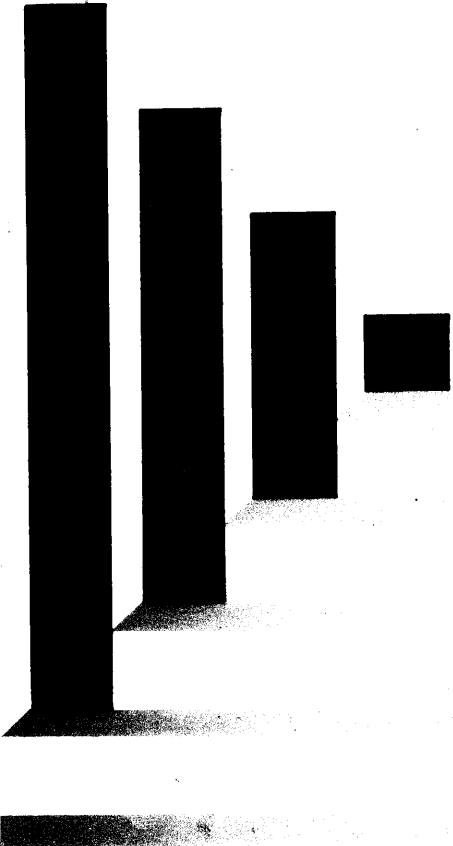


EUROPEAN COMMUNITIES

Social security for migrant workers



The Netherlands

12/71 A

Guide

**concerning the rights and obligations
with regard to social security
of persons going to work in
THE NETHERLANDS**

In your own interest
read this guide carefully

NEW EDITION

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This guide gives only general guidance.

It must not be treated as a complete and authoritative statement on the law in any particular case.

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1. Introduction

The aim of this guide is to provide nationals of other Member States who come to work or live in the Netherlands with a survey of the Netherlands system of social security and of the rights and obligations of workers insured in the Netherlands.

Members of a worker's family who come to live in the Netherlands are entitled to the same benefits as the family members of a Netherlands worker.

1.1 The Netherlands social security system consists of the following insurance schemes:

- (a) sickness fund insurance;
- (b) general insurance against special sickness costs;
- (c) sickness insurance;
- (d) insurance for incapacity for work;
- (e) family allowance insurance;
- (f) unemployment insurance, unemployment allowance insurance;
- (g) old age insurance;
- (h) widows' and orphans' insurance.

1.2 Who is insured?

As a rule, all employed and self-employed persons are insured.

Self-employed persons, however,

- (i) are not insured against unemployment;
- (ii) do not receive cash benefits under the sickness insurance scheme;
- (iii) are not covered by sickness fund insurance; they can, however, take out voluntary insurance against sickness if their income does not exceed a certain amount.

1.3 What you must do to become eligible for social security benefits

As soon as you start work in the Netherlands, you are automatically covered by all of the insurance schemes listed above under section 1.1.

There is however one exception, namely in the case of sickness fund insurance. You are free to register with a sickness fund of your own choice in your place of residence.

On registering with a sickness fund, you will be provided with a list of addresses of doctors, dentists and dispensing chemists from which you may choose. You will then receive a certificate of registration from the sickness fund which you should keep carefully.

If you are self-employed and you have a company in the Netherlands or pursue an occupation there, you are automatically covered by the national insurance schemes listed at (b), (d), (e), (g) and (h) of section 1.1 above.

1.4 What else you should do

As soon as you take up employment, ask your employer of which professional or trade association (Bedrijfsvereniging) he is a member. You will have to deal with this organization if you become incapable of work or are unemployed. If you are self-employed, you will also have to deal with the professional or trade association should you become incapable of working. You should note the address of the association and of the Labour Council (Raad van Arbeid) with which you may also have to deal in the event that you apply for a family allowance or for an old age pension when you reach the age of 65. (If, on reaching pensionable age, you are resident outside the Netherlands, your old age pension will be awarded by the Social Insurance Bank (Sociale Verzekeringsbank), Amsterdam, instead of by the Labour Council).

In the event of your death, your widow and/or your children will also have to deal with the Labour Council or the Social Insurance Bank.

Please also note the address of the Regional Employment Office (Gewestelijk Arbeidsbureau). You should apply to that Office if you become unemployed; it may help you to find work.

1.5 How insurance contributions are paid

If you are in employment your employer pays the contribution due under the various laws on social security. The part of the contribution to be paid by you will be deducted from your salary. If you receive social security benefits, the insurance institution may in some cases deduct the insurance contributions.

If you are self-employed you will receive a form stating the amount of contribution to be paid by you to the tax authorities.

For sickness fund insurance the contribution is paid directly to the sickness fund with which you are registered.

Your employer or the professional or trade association in question will let you know how much you have to pay.

1.6 The procedure to be followed when you do not agree with a decision by the insurance institution

You are entitled to appeal against any decision by the insurance institution. The appeal should be lodged with the Appeal Board (Raad van Beroep) mentioned in the text of the decision. The date by which an appeal should be lodged is also mentioned in the decision. If this information is not included in the decision, you should apply immediately to the insurance institution for a decision which grants the right of appeal.

You should inform the Appeal Board in writing that you do not agree with the decision taken by the insurance institution and that you request that it be reviewed. The letter, known as a *plaint* (klaagschrift), should be forwarded in duplicate together with the decision to which you object. If the decision in question has been taken by a sickness fund, you should first ask the advice of the Sickness Funds Council (Ziekenfondsraad, Prof. J.H. Bavincklaan 2, Amstelveen). If the Appeal Board's ruling does not satisfy you, you may appeal to the Central Appeal Board (Centrale Raad van Beroep, Trans 19, Utrecht), within one month of the date of the Appeal Board's ruling.

In this case your letter is known as a *'beroepschrift'*. It should be forwarded in duplicate together with the Appeal Board's ruling.

1.7 The procedure to be followed when you decide definitively to return to your own country or to go to another Member State

It is possible that the insurance period completed in the Netherlands may be of some importance when assessing your claims under the social insurance legislation of the country you are going to. Before you depart, you should therefore ask the professional or trade association or the sickness fund for any forms you may need.

1.8 Information

For further information, please apply to the various insurance institutions or to the Social Insurance Information Centre (Voorlichtingscentrum Sociale Verzekering, Zwaansvliet 3, 1081 AP Amsterdam (Telephone 020-448418)).

2. Benefits in cash and in kind and how to obtain them

I. Sickness insurance

A. Medical services

1. *Who is insured?*

You are insured or eligible for voluntary insurance only if your income does not exceed a fixed amount, which is determined each year. Under Netherlands legislation, the members of your family are also insured.

Benefits in kind are provided to employed persons by the sickness funds from the day of registration onwards, but there is, as a rule, a qualifying period for voluntarily insured self-employed persons.

2. *Benefits in kind*

(a) Medical treatment and dental treatment

You are entitled to all forms of treatment provided by a doctor working for a sickness fund with whom you are registered as a patient. For that purpose, you should attend during the consulting hours for persons insured with a sickness fund; do not forget to bring along your sickness fund's certificate of registration.

If you have a referral (*verwijskaart*) from your general practitioner you may go to a specialist.

As a rule, treatment is free; there is a fixed charge to be paid by you, however, for certain services provided by a dentist.

(b) Drugs, medicines, dressings, etc.

In order to obtain medicines and dressings, you should go to a dispensing chemist with a prescription from a general practitioner or specialist. The name of the dispensing chemist is shown on your sickness fund papers.

(c) Treatment in hospital

Your general practitioner or specialist usually arranges your admission to hospital. You are entitled to free treatment for one year in the lowest hospital class. Regardless of the amount you earn, the cost of treatment after 365 days in hospital is covered by the law on insurance against special sickness costs (Algemene Wet Bijzondere Ziektekosten, AWBZ). This law, under which you are insured as long as you are living or working in the Netherlands, covers the cost of treatment, nursing and attendance during a prolonged illness or if you are severely handicapped.

(d) Costs of transporting the sick

Transport of sick persons on medical advice by ambulance is free. There is a charge payable by the patient in the case of transport by taxi.

(e) Aids and appliances

You are entitled to aids and appliances, for which, however, you need the approval of the sickness fund. The costs of such aids and appliances are reimbursed up to a certain maximum.

B. Cash sickness benefits for employed persons

1. Entitlement to cash sickness benefit during your insurance

If you are unable to work as a result of sickness or an accident, you are entitled to sickness benefit payable by the professional or trade association to which your employer is affiliated.

In order to be eligible for sickness benefit, you should report sick as soon as possible to your employer who will then inform the professional or trade association. As a rule, you should report sick before 10 a.m. on the first day of illness.

Furthermore, you must obey the instructions for the supervision of sick persons issued to you by or on behalf of the professional or trade association. Failure to do so may lead to withdrawal of sickness benefit.

Sickness benefit amounts to at least 80% of your wage or salary, subject to a ceiling. Sickness benefit is provided for a maximum period of 52 weeks from the third day of illness (waiting period).

For periods of illness after 52 weeks, see section III on invalidity insurance below.

Payment of sickness benefit ceases in any event on the first day of the month in which you reach the age of 65, at which date you become entitled to an old age pension.

2. Entitlement to sickness benefit on termination of insurance

In the event of illness reported within one month after termination of insurance, you are entitled under certain conditions to sickness benefit. Such benefits are payable by the professional or trade association to which your last employer was affiliated.

If you are awarded sickness benefit, you are also entitled to medical treatment.

3. Entitlement to sickness benefit should you leave the Netherlands

If, after you have left the Netherlands for good to settle in another country, you are taken ill within one month after termination of your insurance under the Netherlands law on sickness insurance (Ziektewet), you are still entitled under certain conditions to sickness benefit.

No claims for benefits may be submitted to a Netherlands insurance institution if you are entitled to cash benefits for sickness under the legislation of the country where you have gone to settle. If you are taken ill within one month of the termination of insurance in the Netherlands you should

- (i) immediately notify your last employer in the Netherlands in writing and
- (ii) notify the sickness insurance institution of your place of residence.

In such a case it is advisable to state expressly that you are applying for cash benefits on the basis of the Netherlands law on sickness insurance (Ziektewet). You should therefore mention the professional or trade association with which you were insured and ask the institution to submit an application for sickness benefits to the association.

If you are entitled to sickness benefit, the professional or trade association will have you medically examined at regular intervals.

C. Maternity benefits in cash and in kind

1. For the insured woman in her own right

If you are working in the Netherlands and are insured in your own right, you are entitled during pregnancy to maternity benefits (zwangerschapsuitkering) equal to your daily wage. The benefit is provided from the sixth week before the expected date of confinement up to the actual confinement.

For six weeks after confinement, you will receive confinement benefits (bevallingsuitkering) equal to 100% of your daily wage. After that, sickness benefit can be provided for at most 46 weeks if you are unable to work as a result of your confinement. You should apply for these benefits in good time to the professional or trade association to which your employer is affiliated. You are further entitled to free obstetric services and partial reimbursement by the sickness fund for maternity care if you are covered by a Netherlands sickness fund insurance scheme (ziekenfondsverzekering). Your sickness fund will provide you with additional information. If you wish to use the services of a maternity care centre (kraamcentrum) you should contact a medical welfare organization (kruisvereniging) not later than five months before the expected date of confinement.

2. For members of the family residing in the Netherlands

Your wife and daughters who are also covered by the Netherlands sickness fund insurance are entitled to free obstetric services and to partial reimbursement of the cost of maternity care. They should contact a medical welfare organization at least five months before the expected date of confinement.

D. Death grants

If you die while in employment, your survivors will be granted a cash benefit for the remaining days of the month during which you died and for two months after that. This benefit is equivalent to 100% of the daily wage on which sickness benefit was based. If you were receiving disablement benefit (arbeidsongeschiktheidsuitkering) (see section III), a death grant will also be provided. This is equivalent to 100% of the daily wage in the case of a degree of disablement of 80%-100% and to the amount paid under the disa-

blement benefits insurance scheme in the case of a lower degree of disablement.

E. Provision of benefits in kind in another Member State

For your rights under the sickness and maternity insurance scheme (benefits in cash and benefits in kind) in the cases mentioned below see Guide No 1 on the Community regulations, Chapter III:

- (i) family members who live in another Member State;
- (ii) temporary stay in another Member State;
- (iii) transfer of residence to another Member State;
- (iv) unemployed persons looking for work in another Member State.

II. Accidents at work and occupational diseases

There is no separate insurance scheme in the Netherlands for accidents at work and occupational diseases. If you are incapable of working as a result of an accident at work or an occupational disease, you are entitled to sickness benefit for a year. Thereafter you may be eligible for a disablement benefit (see section III). Self-employed persons living in the Netherlands are insured under the law on general insurance against incapacity for work (*algemene arbeidsongeschiktheidswet*); under this law, self-employed persons are entitled to fixed cash benefits after 52 weeks of loss of income as a result of complete or partial incapacity for work (see section III).

You are also entitled to medical treatment provided by the sickness insurance fund, whether you are compulsorily or voluntarily insured (see section I, Sickness insurance), provided that your income does not exceed the wage ceiling.

III. Invalidity insurance

1. Employed persons residing in the Netherlands

If you have received sickness benefits for 52 weeks you are entitled under certain conditions to benefits under the laws on disablement

insurance (wetten op de arbeidsongeschiktheidsverzekering). This is the case where you have found suitable work but earn less than 85% of what you would have earned if you had been fully capable of working. Disablement benefit is provided by the same professional or trade association that previously provided sickness benefit.

The amount of the benefit provided is dependent upon the degree of incapacity for work and ranges from 10% of the daily wage in the case of a degree of incapacity for work of 15-25%, to 80% of the daily wage for incapacity for work of 80-100%.

There is a fixed maximum for the daily wage. In special cases, the percentage may be increased from 80 to 100, namely where you need continuous treatment and constant attendance.

A holiday allowance of 7.5% is paid out in the month of May. Benefit rates are adjusted to general wage trends.

The disablement benefit may be reviewed where there is an increase or decrease in your incapacity for work.

Furthermore, the disablement insurance scheme enables steps to be taken for occupational rehabilitation and/or to improve your living conditions. Such facilities are provided not only if you are receiving disablement benefit, but also if you are receiving sickness benefit or if you are likely to become unfit for work.

Decisions on the award of such special benefits are taken by the professional or trade associations, which first consult the joint medical service (Gemeenschappelijke Medische Dienst, GMD).

The disablement benefit is terminated:

(a) on the first day of the month in which the person concerned reaches the age of 65;

(b) as soon as the degree of incapacity for work drops below 15%;

(c) on the first day of the month after the date of death (for death grants, see Chapter 1, section D).

The GMD must decide whether or not — and if so, to what extent — you are incapable of working within the meaning of the law. For this purpose, the GMD may wish to examine you. The professional or trade association will decide on your claims after it has received the opinion of the GMD.

If you are awarded benefits under the social security legislation of another Member State, you should immediately inform your association. You should provide the association with as much information as possible, including in any case the full name and address of the institution with which you had been insured. In such cases, the amount of the benefit provided for disablement is calculated in accordance with the rules laid down in Guide No 1 on the Community regulations.

If, as an employed person, you receive a disablement benefit for an incapacity of 45% or more, you are normally compulsorily covered for medical benefits. The professional or trade association will inform you on this matter.

2. The procedure to be followed if you are receiving a disablement benefit in the Netherlands and wish to return to your own country or go to another Member State

As long as you fulfil the conditions laid down, you can continue to receive the disablement benefits. In order to avoid problems it is advisable to notify your association and your sickness fund in good time before your departure.

3. The procedure to be followed if you become disabled when you are no longer insured in the Netherlands

It is possible that in such a case you are still entitled to a disablement benefit. It depends on the type of invalidity benefit to which you are entitled in the country you are living in. The Netherlands disablement benefit will moreover be reduced in most cases. You should as a rule apply for an invalidity benefit in the country where you are resident. You should inform the institution to which you are applying for the benefit that you have also been insured in the Netherlands. In some cases, this institution will apply to the Netherlands to find out whether you are still entitled to a disablement benefit and will let you know accordingly.

4. Self-employed persons

Self-employed persons are insured against invalidity under the Law on general incapacity for work (AAW).

Under certain conditions, particularly as regards age and income, a self-employed person is entitled to an AAW benefit after 52 weeks of complete or partial incapacity for work.

The amount of benefit is fixed in accordance with the degree of incapacity for work determined by the joint medical service (GMD).

The benefits are paid monthly by the professional or trade association that deals with the occupation engaged in by the insured person. Claims for benefits should be addressed to the professional or trade association on a form obtainable at any post office.

For further information, please apply to the competent professional or trade association or to the Social Insurance Information Centre (Voorlichtingscentrum Sociale Verzekering, Zwaansvliet 3, 1081 AP Amsterdam (Telephone 020-448418)).

IV. Old age insurance

1. For persons living in the Netherlands

Persons living or working in the Netherlands are insured under the law on general old age insurance (Algemene Ouderdomswet, AOW). In general, all men and all single women are entitled to an old age pension on reaching the age of 65. As a rule, married women are not entitled to old age pension.

The amount of a pension is fixed but is adapted in line with wage increases twice yearly. The amount is higher for married persons than for single persons. The pension is paid monthly. A holiday allowance is also paid yearly in May.

The fixed pension is reduced by a certain amount for each year during which you and/or your spouse were not insured. In general, this means that for each full year you live or work in the Netherlands you acquire a certain percentage of your pension: e.g. for each year a married man acquires 2% of a married person's

pension provided that his wife is living in the Netherlands or in another Member State. As soon as you receive an old age pension and are no longer working, you are no longer compulsorily covered in the Netherlands by sickness fund insurance. You can obtain voluntary insurance for the elderly (bejaardenverzekering) at a sickness fund if your earnings are less than a certain fixed amount.

How to claim

Some months before reaching the age of 65 you should claim an old age pension on a special form to be sent to the Labour Council (Raad van Arbeid). Claim forms are available from post offices among other places. If it appears from your claim that you have previously been insured in other Member States, an old age pension will where necessary be applied for on your behalf in those countries. The amount of the foreign pension would be calculated on the basis of the rules explained in Guide No 1 on the Community regulations. If you are awarded such a pension, the Social Insurance Bank (Sociale Verzekeringsbank) will inform you accordingly. The amount of the Netherlands old age pension is not affected by the award of a pension from abroad.

The Netherlands old age pension is provided from the first day of the month in which you reach the age of 65. In the case of married persons, the age of the husband is decisive in almost all cases. If you submit your claim more than one year after that date, this could be to your financial disadvantage.

2. For persons living in another Member State

Even if you live in another Member State, you retain the right to old age pension acquired in the Netherlands. You can apply for this pension to the pension institution of your country of residence. That institution will also inform you as to whether or not you are entitled to medical treatment in case of illness.

V. Widows' and orphans' insurance

1. In the event of the death of an insured person

As long as you are living or working in the Netherlands, you are insured under the Netherlands widows' and orphans' insurance scheme.

Moreover, you may in some cases still be insured even if you no longer live or work in the Netherlands. If you are living in another Member State, you are still insured even if you are receiving either Netherlands sickness benefit or a disablement benefit for incapacity for work of at least 45%. In the latter case, however, you will be provided with the benefit only if you are not receiving invalidity benefit under a foreign legislation and if you are not working.

This insurance, which is laid down in the law on general widows' and orphans' insurance (Algemene Weduwen- en Wezenwet, AWW), provides for three types of benefits: widow's pension, temporary widow's pension and orphan's pension.

The widow of an insured person is entitled to a widow's pension (weduwenpensioen) if at the time of his death she:

- (a) has an unmarried child or is pregnant;
- (b) is incapable of working (i.e. unable to earn 55% of a normal salary in suitable employment);
- (c) is aged 40 or over (or was 40 years old in the month her husband died);
- (d) is over 35 but under 40, and has or has had a child which died or got married after she reached the age of 35 but before her husband died.

A widow's children are defined as all her own children and children of another person who are being brought up as her own children. The widow's pension is provided only until the widow no longer has any unmarried children or until she is no longer incapable of working. If the widow reaches the age of 40 by the time she is again able to work, or if she has reached the age of 35 when her child gets married or dies, the pension will not be withdrawn.

The pension is in any case withdrawn from the first day of the month during which the widow reaches the age of 65. As a rule she is then entitled to an old age pension.

If she remarries she will lose the right to a widow's pension, but in such cases she will receive a lump-sum payment generally equivalent to the pension received during the preceding year.

The amount of the benefits laid down by law are different for widows who have unmarried children aged up to 18 and for widows who do not have any children aged under 18.

A widow who is not or is no longer entitled to a widow's pension may claim a temporary widow's pension (tijdelijke weduwenuitkering) which may be payable over a period of 6 to 19 months, depending on her age.

As a rule, only children both of whose parents have died are entitled to an orphan's pension (wezenpensioen). The orphans must be aged under 16, but orphans aged between 16 and 26 who are receiving education and orphans aged 16 or 17 who are handicapped are also entitled to a pension.

The amount of the orphan's pension varies with the age of the orphan.

Twice yearly the amounts of the benefits are brought into line with wage increases. Benefits are paid monthly. A holiday allowance is provided in May of each year.

On the death of an insured person, his widow or children who are residing in the Netherlands should apply as soon as possible to the Labour Council (Raad van Arbeid) for a widow's or orphan's benefit.

If the claim is submitted more than a year after the death of the insured person, you may suffer financially. Widows and orphans who reside in other Member States may also be entitled to benefits. These can be claimed from the pension institution of the country where the widow or orphan resides. That institution will forward claims to the Social Insurance Bank (Sociale Verzekeringsbank).

If you are awarded a widow's pension, you may also be entitled to family allowances (kinderbijslag). The Labour Council will provide you with more details.

The amount of this pension may be affected if you receive a widow's pension from another country. If you are entitled to a widow's pension provided by another Member State, the amount

of that pension is determined in accordance with the rules explained in Guide No 1 on the Community regulations.

Widows receiving a widow's pension or a temporary widow's pension are normally compulsorily covered for medical benefits (ziekenfondsverzekering).

2. What happens when a person dies who is no longer covered by insurance?

Even if a worker dies at a time when he is no longer covered by Netherlands insurance, his widow may still be entitled to a Netherlands pension or benefit provided that the pension legislation of another Member State applies to the deceased or that his widow is entitled to a widow's pension from another Member State. The amount of the pension depends, among other things, on the length of insurance periods completed in the Netherlands by the deceased person. The widow should claim the benefit from the pension institution of the country where she resides, which will forward the claim to the Social Insurance Bank (Sociale Verzekeringsbank).

If the claim is submitted more than a year after the death of the insured person, you may suffer financially. The Social Insurance Bank will investigate whether the conditions for the award of benefits have been fulfilled and will at the same time establish whether you are entitled to family allowances.

The amount of the widow's benefit may be affected by a widow's benefit provided by another country. If you are entitled to a widow's pension provided by another Member State, the amount of that pension is determined in accordance with the rules explained in Guide No 1 on the Community regulations. The pension institution of the country of residence can provide a widow with any information she may require concerning her entitlement to medical treatment in case of illness.

VI. Supplementary pensions

If you are working in the Netherlands, you may also be covered by a supplementary pension scheme. Please ask your employer whether this is the case and what your rights under such a scheme are.

In many branches of trade and industry in the Netherlands there is a compulsory occupational pension scheme. Such schemes exist for the metal industry, the construction industry, painters, agriculture, the printing industry, catering, road haulage, the merchant navy, sea fishing, the textile industry and the health care sector. Altogether there are some 60 compulsory occupational pension schemes.

It is also possible that your employer has a supplementary pension scheme covering his staff only or he may have concluded an insurance agreement with a life insurance company.

There exists an insurance authority responsible for the supervision of these supplementary schemes; its address is: Verzekeringskamer, John F. Kennedylaan 32, Apeldoorn.

Supplementary schemes are not subject to the provisions of EEC Regulations Nos 1408/71 and 574/72.

The following should be noted with regard to the retention of accrued rights acquired under supplementary pension schemes.

On termination of your affiliation to a supplementary pension scheme by which you were covered for at least one year, you become entitled to an old age pension to be paid out when you reach pensionable age. If the pension scheme also comprises widows' pensions, entitlement to a widow's pension is acquired as well. After a divorce or dissolution of marriage a former wife has in principle an autonomous right to a widow's pension.

If you were covered by a supplementary pension scheme for less than one year, there are two possibilities: either you are entitled to a pension as explained above, or the old age insurance contributions you have paid will be paid back to you. Which of these two possibilities applies in your case will depend on the rules of the scheme to which you were affiliated. Please ask your employer for details. On terminating your membership of the scheme, you should receive a statement showing rights acquired.

If you leave the Netherlands for good your pension rights may be replaced by a lump-sum payment. The exact procedure in your case will depend on the rules of the scheme by which you were covered.

Any claims for payments from supplementary pension schemes must be submitted to the occupational pension fund in question or to the life insurance company operating the scheme.

Should you disagree with a decision by the pension fund or life insurance company, you cannot appeal to the Appeal Board (Raad van Beroep) or to the Central Appeal Board (Centrale Raad van Beroep). Any disputes with a supplementary pension scheme should be brought before a civil court.

VII. Unemployment insurance and unemployment allowances (employed persons)

1. Unemployment insurance

If you become unemployed in the Netherlands through no fault of your own, you are entitled to unemployment benefits as laid down by the law on unemployment benefits (Werkloosheidswet).

In order to qualify you should have worked in the Netherlands as an employed person for at least 130 days during the 12-month period before your first day of unemployment. A shorter period applies in the case of part-time workers.

If you do not fulfil this condition, periods during which you were insured in another Member State may also be taken into account.

Unemployment benefits amount to 80% of your previous earnings and are provided for up to 130 days (five days per week). When calculating benefits, your earnings are subject to a maximum.

The benefit is in any case withdrawn on the first day of the month in which you reach the age of 65; as a rule, you are then entitled to claim an old age pension.

In order to qualify for unemployment benefits, you should immediately register for employment with the regional employment office (Gewestelijk Arbeidsbureau). You should furthermore claim benefits, within 24 hours of becoming unemployed, from your previous employer's professional or trade association. Should you fail to do so, you may be refused benefits.

As long as you are entitled to unemployment benefit you should ensure that you are still registered with the regional employment office. If you are offered suitable work you should accept it. Every week you have to answer a number of questions on a form provided by the professional or trade association. You are asked, in particular, whether during the preceding week the regional employment office referred you to an employer or whether an employer offered you work. You should also indicate whether you had worked during the week. Incorrect statements may lead to loss of the right to benefits.

2. Unemployment allowances

If you have received benefits for the maximum period of 130 days and you are still unemployed, you may claim allowances under the law on unemployment allowances (*Wet Werkloosheidsvoorziening*). You may also claim these allowances if you are not entitled to benefit under the law on unemployment benefits.

You may apply to the municipal social service (*sociale dienst*) of your place of residence for these allowances, which amount to 75% of your earnings (subject to a maximum) and are provided for at most two years. In any case, the allowance is withdrawn on the first day of the month in which you reach the age of 65; as a rule, you are then entitled to claim an old age pension.

3. In the case of illness

If you are taken ill while receiving unemployment benefits, you should immediately notify the professional or trade association or the municipal social service which provides the benefit. Unemployment allowances provided by the local social service are also provided while you are ill but if you are receiving unemployment benefit from the association they are replaced by sickness benefit.

While receiving unemployment benefits you continue as a rule to be entitled to medical treatment under the sickness fund scheme.

4. If you wish to look for work in your own country or in another Member State

See Guide No 1 on the Community regulations.

VIII. Family allowances

If you live or work in the Netherlands, you are normally entitled to family allowances from the first child onwards.

1. For which children are you entitled to family allowances?

You are entitled to family allowances for your own children, step-children and foster-children aged under 16, if they are your dependants as defined by Netherlands legislation.

In certain cases, this age-limit can be raised to 18 years for handicapped children and up to 27 years for children pursuing a course of studies or vocational training.

Under certain conditions, a child may count as two or three children for the purposes of entitlement to family allowances. As a rule, one child counts for two if the child in question is pursuing a course of studies or is handicapped and is supported mainly by the claimant. One child counts for three where the child in question is pursuing a course of studies, does not reside in the claimant's home and is supported entirely or almost entirely by the latter.

2. Date of entitlement

Entitlement to family allowances is conditional upon the claimant being insured on the first day of the quarter in which the claim is submitted.

The qualifying conditions for family allowances must also be satisfied by that date.

3. Amount of family allowances

The amount of the family allowance depends upon the composition of the family on the first day of the relevant quarter.

4. Claims for family allowances

In order to qualify for family allowances you should submit a completely filled in and signed claim form to the Labour Council (Raad van Arbeid) competent for your place of residence.

The forms required are obtainable at any post office and from the Labour Councils.

Where the children are members of the household of a married couple, the claim can be made by either the mother or father. Where the parents are divorced or separated, the claim should be made by the parent who cares for and brings up the children.

Claims should be submitted not later than three years after the quarter for which the family allowance is applied for.

5. For your children staying in another country

See Guide No 1 on the Community regulations.

For any further information, please apply to the Labour Council (Raad van Arbeid).

6. Information — Documentation

In a special leaflet entitled 'Social Security in the Netherlands — A short survey' you can find further details on current contribution rates and on the level of pensions and family allowances.

This folder is issued at regular intervals and is available free in Dutch, French, German and English. You can obtain it from the Social Insurance Information Centre (Voorlichtingscentrum Sociale Verzekering), Zwaansvliet 3, 1081 AP Amsterdam.

You can also apply to this Centre for any further information you may require. The telephone number is 020-448418.

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