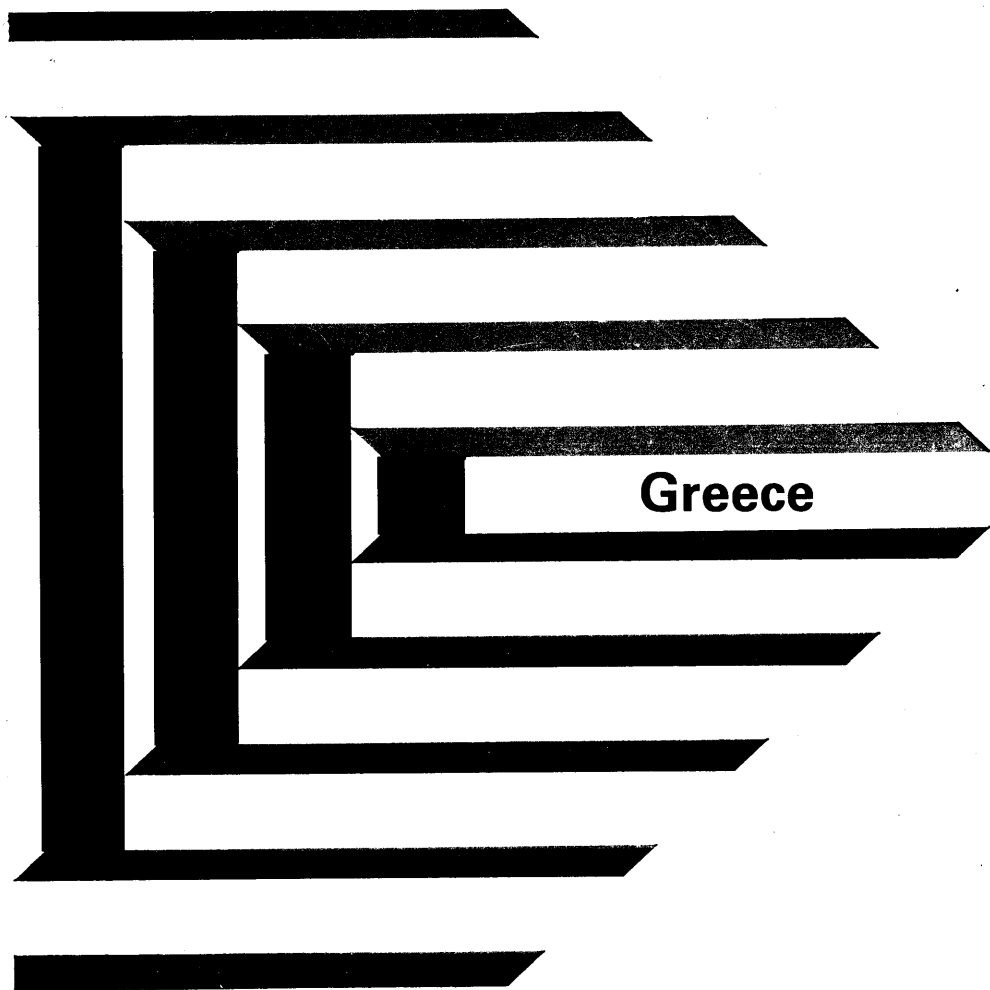


EUROPEAN COMMUNITIES

Social security for migrant workers



Guide No 1

concerning the rights and obligations
with regard to social security
of employed persons going to work in
GREECE

In your own interest
READ THIS GUIDE CAREFULLY

First edition

1982

This publication is also available in the following languages : DA, DE, GR, FR, IT, NL.

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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Useful addresses (inside back cover).

Introduction

Under the Treaty establishing the European Economic Community workers who are nationals of one of the Member States of the European Communities have the right to pursue employment in another Member State under the same conditions as nationals of that State. The EEC Treaty also provides for the adoption of measures permitting workers moving from one Member State to another to have taken into account periods of insurance which they have completed under the social security schemes of the various Member States in which they have been employed.

To this end the Council of the European Communities drew up Regulations Nos 1408/71 and 574/72 which came into force on 1 October 1972 for Belgium, the Federal Republic of Germany, France, Italy, Luxembourg and the Netherlands, and on 1 April 1973 for Denmark, Ireland and the United Kingdom of Great Britain and Northern Ireland (including Gibraltar).¹

This Guide is designed to inform you about the rights which you and the members of your family may exercise as regards social security and to draw your attention to your duties and the formalities to be completed to qualify for the various social security benefits.

¹ These Regulations replaced Regulations Nos 3 and 4 which were in force from 1 January 1959 to 30 September 1972.

The Guide comprises two parts:

- Part I, which sums up the main provisions of the Community Regulations;
- Part II, which briefly outlines the social security system of the Member State of the European Communities where you are going to work, as well as the benefits available and the conditions and formalities to be fulfilled to qualify for benefits.

A similar guide exists for each Member State of the European Communities.

- Read this Guide carefully before your departure and make sure to obtain the forms mentioned in Part II.

In case of doubt please consult the insurance authorities or institutions of the country you are leaving or your new employer.

The other Guides available deal with the following cases :

- Temporary residence (stay) in a Member State of the European Communities (Guide No 2);
- Workers who are sent by their employers to another Member State for a limited period, international transport workers and other workers regularly employed in more than one Member State, e.g. commercial travellers (Guide No 3);

- Pensioners and pension claimants (Guide No 4);
- Members of a migrant worker's family who have stayed behind in a Member State other than the one in which he is working (Guide No 5).

Part I

The Community Regulations

1. To whom do the Community Regulations apply?

These Regulations apply to you if you are either

- (a) a worker or pensioner pursuing or having pursued an activity as an employed person and if you have the nationality of a Member State of the European Communities (see section 2 below) or are a stateless person or a refugee resident in a Member State (officials of public bodies are considered as employed persons for the branches of social security in respect of which they are insured in a scheme covering employed persons);
- (b) a member of an employed person's or a pensioner's family fulfilling the conditions set out at (a) above;
- (c) a survivor of an employed person or a pensioner pursuing or having pursued an activity as an employed person, regardless of the worker's or pensioner's nationality, provided you are a national of a Member State or a stateless person or a refugee resident in a Member State.

With the exception of certain specific cases, the Community Regulations *do not apply* to self-employed persons or to pensioners who have been self-employed.

This list is not complete. Should you wish to know whether you are covered by the Regulations, please consult the institution with which you are insured (see Part II).

2. To which countries do the Community Regulations apply?

You are covered by the Regulations only if you are resident or staying in a Member State of the European Communities listed below :

Belgium

Denmark

Federal Republic of Germany

Greece

France

Ireland

Italy

Luxembourg

The Netherlands

The United Kingdom of Great Britain and Northern Ireland (including Gibraltar).

3. What are the aims of the Community Regulations ?

- (a) One of the principal aims is to ensure that, as regards social security, you will receive the same treatment as the nationals of any of the countries mentioned at section 2 above when you go there for work.

- (b) Another important aim of the social security regulations is to ensure that by going to work in another Member State you do not lose the advantages acquired in respect of periods during which you were subject to the social security scheme of another Member State. In order to get certain social security benefits you must, under the legislation of the Member State concerned, have been either insured, employed or resident in that Member State for a specified period known as the 'qualifying period'. The Community Regulations provide that periods completed in the various Member States where you have worked must be taken into account, if necessary, to ensure that you will have completed the qualifying period prescribed by the legislation of the Member States where you are seeking benefits.

For instance, supposing you are claiming a retirement pension and you had been insured in Member State A for five years, after which you went to Member State B, where you had a job and paid contributions for the next ten years: the legislation of country A as well as

that of country B require that, to qualify for a retirement pension, you must have been insured in the country for 15 years. In that case your five years of insurance in country A will be counted so as to make you fulfil the conditions laid down by the legislation of country B. Similarly, the ten years of insurance which you completed in country B will be counted so that you can fulfil the conditions required by the legislation of country A.

Details on how the retirement pension will be calculated by each of these countries are given in section 4 B below.

The Community Regulations also provide that when you go to work in another Member State periods completed in the Member State where you had worked before may be used to enable you to receive sickness, maternity and unemployment benefits in the other Member State.

- (c) In general you will be insured under the social security legislation of the Member State in which you are employed. There are certain exceptions to this rule: for instance, workers posted abroad, i.e. workers sent by their employer to another Member State for a limited period, international transport workers and other workers regularly employed in more than one country. If you fall into one of these groups, please consult Guide No 3.

- (d) An additional aim of the Community Regulations is to guarantee that you and the members of your family are granted the benefits for which you are eligible in whichever Member State you or they may be.

4. To which benefits are you entitled?

The following is a list and short description of the benefits which you can claim.

A. Sickness and maternity benefits (including medical benefits)

- (a) If you reside in a Member State other than the one in which you are insured, you and the members of your family may obtain benefits in kind (medical care, dental treatment, drugs and medicines, hospital treatment, etc.) through the institution of your place of residence as if you were insured with that institution.

Cash benefits to which you or your family may be entitled under the legislation of the Member State where you are insured are as a rule paid directly by the institution with which you are insured.

The members of your family may also obtain benefits if they are living in a Member State other than that in which you reside or are insured.

- (b) Under certain conditions you and the members of your family are entitled to benefits in kind while temporarily residing in (visiting) a Member State other than the one in which you are insured. The benefits in kind that you may claim are those provided for by the legislation of the Member State you are visiting.

You may also be entitled to receive cash benefit during such a stay; this benefit will be at the rate, and for the period, laid down by the legislation of the Member State where you are insured.

For more information about your rights and the formalities to be completed, please consult your sickness insurance institution.

B. Retirement pensions and survivors' pensions

As explained in section 3 (b) above, if you had been insured in a Member State but if that period of insurance was not long enough to entitle you to a pension under the legislation of that State, account must also be taken of insurance periods completed in other Member States.

To go back to the example quoted at 3 (b), where it was assumed that you were insured in country A for five years and in country B for ten years, while the 'qualifying period' (prescribed minimum insurance period) in both Member States was 15 years: in that case you are entitled to a pension from each of these States which is calculated as follows. Country A and country B each calculate the pension to which you would have been entitled had you been insured there during the whole of your insurance history, i.e. for 15 years. Once these amounts have been determined, you will receive a fraction of those amounts in proportion to the periods during which you were actually insured in each of the two countries.

In the above example

— Country A would pay you a pension amounting to

5/15ths of the pension that you would have been entitled to if you had been insured there for 15 years;

- Country B would pay you a pension amounting to 10/15ths of the pension that you would have been entitled to if you had been insured there for 15 years.

If, however, in either or both of these countries the qualifying condition is fulfilled without having to take into account insurance periods completed in the other country, each of the countries in which the conditions are thus satisfied will calculate, in accordance with its own legislation, the pension due to you for the insurance periods you have completed in the country concerned. This amount will be paid to you if it is greater than the fraction calculated above.

The sum of the pensions may not be less than any minimum pension fixed by the legislation of the country where you are resident provided that you are entitled to a pension from that country.

C. Invalidity pensions and invalidity allowances

What was said at B above applies generally to invalidity pensions. However, if you have been insured only in countries whose legislation provides that the amount of invalidity pension is not linked to the length of insurance — Belgium, France (except for the invalidity scheme for miners), Ireland, The Netherlands and the United Kingdom — you will receive one pension only; as a rule, that will be the pension of the Member State where you were last insured.

D. Accidents at work and occupational diseases

As with sickness benefit, you may receive benefit for accidents at work in cash and kind whilst staying or residing in a Member State other than the one where the institution responsible for paying benefit for that accident is situated.

Special rules exist for the granting of pensions payable for cases where an occupational disease has been contracted as a result of employment in several Member States.

Special rules also exist for cases where there has been an aggravation of an occupational disease.

E. Unemployment benefit

By taking into account periods during which you have been insured or employed in another Member State, the Community Regulations may enable you to receive unemployment benefit in a Member State where you have only worked very briefly.

You may also continue to receive unemployment benefit on certain conditions when you are leaving the Member State where you became unemployed to look for work in another Member State (see Part II).

Special rules exist for the case where during your last employment you were resident in a Member State other than that in which you were insured.

F. Family allowances

In general family allowances will be payable in respect of your children even if they are being brought up in a Member State other than the one where you are working.

Part II

Social security in Greece

1. General remarks

The leading social insurance institution in Greece is the Social Security Institute (IKA), with which most employed persons and persons treated as such are insured. The IKA insurance scheme is the 'Greek general insurance scheme for employed persons'. It does not cover civil servants, whose employment periods to be taken into account for the acquisition of pension entitlement are calculated in accordance with the legislation on public service pensions.

In addition to the IKA, there are special schemes for employed persons (occupational schemes) covering certain categories of the civilian population as employed persons.

The agricultural population is covered by the State insurance scheme for agricultural workers (Agricultural Insurance Institute, OGA).

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

This Guide deals mainly with the social protection which the IKA provides to the persons insured with it. If you are engaged in an occupation covered by another insurance scheme, please apply to the appropriate institution.

The scope of the IKA scheme comprises insurance in respect of sickness, maternity and old age; a special

insurance institution, the OAED (Labour Employment Office) is competent for unemployment insurance and family benefits. Under the law the IKA is responsible for collecting contributions to the OAED.

1. What contingencies are covered by Greek social security legislation?

While working in Greece, you are entitled to social security benefits under the same conditions as Greek workers.

The members of your family who are resident in Greece are entitled to the same benefits as members of Greek workers' families.

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

- sickness and maternity benefits;
- benefits in respect of invalidity, old age and survivors (pensions);
- benefits in respect of accidents at work and occupational diseases;
- unemployment benefits;
- family benefits.

2. How to register for social insurance

Your employer should, as soon as you start working for him, fulfil all the necessary formalities to register you for social insurance.

The social insurance offices will issue you with an insurance book or other insurance papers (e.g. the IKA in

general issues an insurance/contribution card, bearing the initials 'DATE'). Please keep this document in a safe place as it certifies that you are insured and it will help you in your dealings with the insurance institutions and your employer.

3. Contributions to the IKA

The social insurance contribution that you have to pay will be deducted from your earnings. You have to pay part of the full contribution rate and your employer has to pay the other part. However, the two parts are not paid separately. Your employer must transmit the full amount (worker's plus employer's part), after which he will deduct your part of the contribution (insured person's part) from your earnings.

4. What to do when you disagree with a decision by the IKA

If you disagree with a decision taken by the competent office of the insurance institution, you may inform the local administration committee (each IKA branch office has one) of your objections within 30 days of receiving the decision; for decisions concerning pensions the period is three months.

You may lodge an appeal with the appropriate administrative court against any decision by the local administration committee within 60 days of receiving the decision.

Finally, you may lodge an appeal with the Council of State against a decision of the administrative court within a period of 60 days.

2. Sickness and maternity insurance

For an explanation of the time unit used to calculate the length of your insurance ('days of work') and of the aggregation of insurance periods you have completed in another Member State, please see section B-5 below.

A. Sickness insurance

You may obtain the following benefits from the IKA:

- (i) sickness benefits in kind (medical treatment, medications and hospital treatment);
- (ii) cash benefits for incapacity for work following illness (cash sickness benefits);
- (iii) death grant.

1. Persons entitled to benefit

(a) Benefits in kind

- (i) persons covered for both insurance branches (sickness and pensions)
- (ii) persons covered for sickness insurance
- (iii) all pensioners under the IKA scheme, i.e. those receiving an invalidity, old-age or survivor's pension, beneficiaries of a vocational reintegration allowance or a pension in respect of partial invalidity
- (iv) persons receiving a pension from special funds who were covered by sickness insurance when they were employed

- (v) dependent members of insured person's and pensioner's families
- (vi) unemployed persons receiving unemployment benefit.

(b) Cash benefit (sickness benefit)

Insured persons and employed persons receiving an old-age pension provided that they are unfit for work as a result of an illness, caused through no fault of their own, which prevents them from continuing work in their occupation.

2. Benefits in kind

(a) Qualifying conditions

If you are an insured person you must have completed at least 50 days of work during the calendar year preceding the day on which you reported sick or during the last 15 months before that date (in the latter case the days of work you completed in the last calendar quarter are not counted as part of the required 50-day period).

As regards the days of work and the aggregation of periods of insurance completed in another Member State, see section C below.

(b) Benefits (types of treatment)

The following benefits in kind are available :

- medical treatment;
- paraclinical examinations;
- therapeutic treatment;

- drugs and medicines;
- ordinary and special aids and appliances, including prostheses;
- medical baths;
- hospital treatment.

The above benefits may be granted to you from the beginning of your illness, without any limits on the duration of benefit so long as you continue to be entitled to benefit. The duration of your entitlement is indicated in your health book (cf. paragraph 4 below). Should your illness continue after your entitlement to benefit, you will nevertheless continue to receive benefits in kind until you have recovered.

Your share in the cost of treatment is determined in accordance with the IKA statute, but in no case can it exceed 1/4th of the total costs.

For further information on the type of benefits in kind granted and on the amount of your share in the cost of treatment, please apply to the competent IKA office.

3. Cash benefit (sickness benefit)

(a) Qualifying conditions

You are entitled to sickness benefit if

- you are not receiving an IKA pension;
- you completed at least 100 days of work during the calendar year preceding the day on which you reported sick or during the 15 months before that date; in the

latter case, the days worked during the last three calendar months are not taken into account.

For details on the days of work and the aggregation of periods of insurance completed in another Member State, see section B-5 below.

- you are not working as a result of an illness contracted through no fault of your own;
- you have not worked for more than three days since the day on which your illness was notified to the IKA.

(b) Benefit rates

The rate of sickness benefit is normally half the 'reference wage' of the category of insured persons to which you have been assigned on the basis of your average earnings during the last 30 days of work you completed during the calendar year preceding the date on which you reported sick.

The basic rate of sickness benefit is increased by 10 % in respect of each dependent family member. However, it cannot exceed 70 % of the reference wage in your insurance category. Moreover, when added together with the increases for dependants, it cannot exceed the reference wage of a particular insurance category.

If you are being treated in a public or private hospital at the IKA's expense and you have no dependants, your sickness benefit will be reduced by 2/3rds, so that you will receive only 1/3rd of the normal sickness benefit rate.

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

(c) Duration of benefit

Sickness benefit cannot be paid for more than 182 days in respect of one case of illness and not more than 182 days of a particular calendar year, with or without interruptions. Where the incapacity for work is due to tuberculosis, sickness benefit may be paid for up to 360 days.

(d) Documents required to obtain sickness benefit

The following documents must be submitted before sickness benefit can be paid:

- (a) a statement certifying that you are unfit for work, issued by an IKA doctor;
- (b) insurance and contribution card (DATE);
- (c) your personal health book;
- (d) your family health book;
- (e) a statutory declaration on the duration of your interruption of work.

4. Health book

In general, you have to produce your health book, showing entitlement to benefits, before you can obtain benefits in kind for you or your family. You should apply for your own personal health book and for one for your dependants, who will receive their own health book (family health book).

5. Death grant

In the event of death, the widow or the person who paid the funeral costs is awarded a flat-rate grant.

(a) Deceased persons for whom a death grant is awarded

Death grants are awarded in respect of the following persons:

- IKA insured persons;
- IKA pensioners (persons receiving an old-age, invalidity or survivor's pension);
- insured persons and pensioners of other statutory insurance institutions who were covered by the IKA sickness scheme.

No death grant is paid on the decease of a member of the family of one of the persons listed above (except if they were receiving a survivor's pension).

(b) Qualifying conditions for a death grant

- At the time of his death, the insured person must have satisfied the employment period conditions laid down for entitlement to sickness benefit, in other words he must have completed 100 days of work in the year preceding his death or in the course of the last 15 months (cf. paragraph 3 above).
- The pensioner must have been covered by sickness insurance.

(c) Documents required

In order to obtain a death grant, the widow must produce her deceased husband's insurance and contribution card (DATE) or his pension book, as well as his health book and official death certificate. If the funeral costs are claimed by someone else, a statement from the undertak-

ers concerning the payment of funeral costs should also be submitted.

B. Maternity insurance

Maternity benefits are granted on the birth of a child. They consist of:

- a birth grant;
- pregnancy and confinement grants (maternity allowance), exclusively for directly insured women.

1. Persons entitlement to benefit

(a) The birth grant may be claimed by:

- women who are directly insured or who are receiving a pension;
- men who are directly insured or are receiving a pension and whose wife is also covered by their insurance as one of their dependants.

(b) Only women who are directly insured for sickness and maternity are entitled to maternity allowance.

2. Birth grant

A flat-rate sum is paid on the birth of a child (confinement). In order to receive this birth grant, the insured person's health book or the family health book of the wife of an IKA insured person or an IKA pensioner should be submitted, together with the official birth certificate of the new-born baby.

The qualifying conditions are the same as for the granting of sickness benefits in kind (see section 2 a above).

3. Maternity allowance

If you are directly insured you are entitled to maternity allowance (i.e. pregnancy and confinement grant).

The amount of the pregnancy and confinement grant is the same as that of cash sickness benefit, plus the appropriate increases in respect of dependants. There is no upper limit for the maternity allowance.

The allowance is paid, as long as you are not working,

- for 42 days preceding the expected date of delivery (pregnancy grant);
- for 42 days following the birth of your child (confinement grant).

4. Qualifying conditions for maternity allowance

In order to obtain the pregnancy and confinement grant you should have completed at least 200 days of work during the past two years before confinement.

As for the days of work and the aggregation of periods of insurance completed in another Member State, see section B-5.

The second qualifying condition is that you are effectively interrupting your employment.

5. *'Days of work' and aggregation of insurance periods*

(a) 'Days of work'

- The unit for calculating insurance periods is the 'day of work' (or day of employment, or day of insurance). Days of annual leave (paid leave) are counted as days of work.
- Days on which sickness and unemployment benefits are paid are counted as days of insurance only for the purpose of determining entitlement to sickness benefits in kind.

(b) Aggregation of insurance periods

Insurance periods which you completed in another Member State within a period referred to by Greek legislation (e.g. for the IKA, during the year preceding a particular date) may where necessary be added to the insurance periods you completed in Greece.

If you are insured in another Member State and you wish to return to Greece for good, you should obtain an E 104 form from the sickness insurance institution of the country you are about to leave. You should hand this form to the Greek institution with which you register for sickness insurance when taking up insurable employment in Greece.

Please apply to the IKA offices for information on the prescribed formalities.

C. Grant of benefits in another Member State

1. Benefits for members of your family residing in a Member State other than Greece

Your dependants residing in another Member State are entitled, in the Member State in which they live, to benefits in kind from the sickness fund of their place of residence as if they were insured with it.

For this purpose, you should obtain two E 109 forms from your sickness fund and forward them to your dependants abroad. On page 3 of the form you will find the name and address of the institution to which the form is to be handed. You are obliged to inform your sickness fund of any changes in your family situation. For further information, please see Guide No 5.

2. Temporary stay in your country of origin or in another Member State

If you are going to stay in your country of origin or in another Member State for a short period (e.g. on holiday or on a family visit), you should obtain an E 111 form from your sickness fund before departure. This form certifies your entitlement to benefits in kind in the country where you are going. Should you need benefits in kind for

yourself or for one of your dependants accompanying you, you should present this form to the sickness insurance institution, shown on the back of the form, of the country in which you are staying.

No forms are required for benefits in kind during a stay in the United Kingdom.

If you are entitled to cash sickness benefit, the Greek sickness fund can transmit the money to the country where you are staying temporarily. In order to obtain sickness benefit, you should report your illness to the sickness insurance institution of the place in which you are staying, asking it to take the necessary steps to ensure that you can draw sickness benefit (do not forget to inform your employer in Greece as well). As long as you are unfit for work, you should remain under the medical supervision of the sickness insurance institution of your place of stay.

For additional information concerning your entitlement to benefits during a temporary stay in another Member State, please see Guide No 2.

3. What to do if you fall ill in Greece and you wish to return to your country of origin or go to another Member State

You will retain your entitlement to cash sickness benefits and benefits in kind only if your sickness fund has given you permission to leave Greece. To this end, you should first obtain the sickness fund's approval for which it will issue you with an E 112 form. You should hand this form to the sickness insurance institution, mentioned at the back of the form, in the place where you are going.

4. What to do when you are leaving Greece for good

If you are insured in Greece and are receiving sickness benefits, you may continue to receive these benefits after you have left Greece. To this end, you will have to satisfy a number of conditions and fulfil certain formalities which will be explained to you by your sickness fund.

5. What to do when you are unemployed and you are looking for work in another Member State

In order to acquire entitlement to sickness insurance benefits (in cash and in kind for you; in kind for your dependants accompanying you) in the country where you are looking for work, you should obtain an E 119 form from your sickness fund before departure.

As soon as you need benefits in kind for you or for one of your dependants you should hand this form, together with an E 303 form, to the sickness insurance institution of the country in which you are looking for work. This institution is named on page 3 of the E 119 form.

In order to receive cash sickness benefits, you should inform the insurance institution of the country in which you are staying of the name and address of your Greek sickness fund.

As long as you are unfit for work, you should remain under the medical supervision of the sickness insurance institution of your place of stay.

If you are entitled to cash sickness benefit, this will be transmitted to you by the Greek sickness fund.

3. Pension insurance

The IKA pension insurance scheme comprises the following benefits:

- A. Invalidity pensions
- B. Old-age pensions
- C. Survivor's pensions (pensions for surviving members of the family)

A. Invalidity benefits linked to the reduction of capacity for work due to physical or mental illness or injury etc.

A(a) Invalidity pension

1. Qualifying conditions

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

- (a) Statement from the competent IKA office certifying a reduction in earning capacity of at least $\frac{2}{3}$ (degree of invalidity 67%, more exact: 66 $\frac{2}{3}$ %).
- (b) The reduction in capacity for work (or invalidity) must last for at least 6 months.
- (c) Employment conditions. You must prove that you have completed
 - at least 4 050 days of work (as for old-age pension) or
 - at least 1 500 days of work, of which at least 300 days must have been completed within the last five years before invalidity was confirmed.

2. Documents required

- (a) A certificate from the competent health committee of your IKA branch office, confirming physical or organic injury, date of commencement of invalidity, its duration, reduction in earning capacity (degree of invalidity), etc.
- (b) The documents required when claiming old-age pension, except for the age certificate (only necessary for permanent invalidity).

3. Benefit rates

The amount of invalidity pension is calculated as for old age pension (see below).

The basic pension rate may be increased by 50 % if the disabled person needs constant attendance and nursing (total invalidity).

A(b) Vocational reintegration allowance

This allowance is an invalidity pension granted on a temporary basis, provided that the reduction in earning capacity amounts to at least 33 1/3% but not more than 66 2/3%. The latter aid is only granted for two years, and does not depend on whether you are employed or not. The qualifying conditions are the same as for the ordinary invalidity pension, except as regards the degree of invalidity.

The amount of the allowance is calculated as for the ordinary invalidity pension.

A(c) Pension for partial invalidity

A pension for partial invalidity is payable, when, after having received the vocational reintegration allowance for two years, the reduction of your earning capacity is still more than 50%, but less than 66 2/3%. This pension amounts to 75% of the full pension.

B. Old-age pension

B(a) Full old-age pension

1. Qualifying conditions

In order to draw full old-age pension, you must, as the following table shows, have reached a specified age limit, worked for a certain number of days and, in some cases, fulfilled special conditions.

- (a) 65 years for men and 60 years for women
At least 4 050 days worked.
- (b) 62 years for men and 57 years for women
At least 10 000 days worked.
- (c) 60 years for men and 55 years for women
For heavy and hazardous jobs.
At least 4 050 days worked, of which 4/5 must have been completed in heavy and hazardous employment and at least 1 000 days worked must have been completed within the last 10 years before reaching the age limit (pension for employment in heavy and hazardous jobs).

- (d) 58 years for men and women
10 500 days of insurance as an employed person
(pension for 35 years of insurance).
- (e) 55 years for mothers of minors
At least 5 500 days of work — Further conditions:
 - the children must not be married;
 - the children must be below the age of 21 years;
 - the mother must not receive any other pension of her own from the IKA or from any other statutory insurance institution.

2. Pension rate

The amount of pension depends on the amount of your wage and on the amount of pension supplements.

(a) Basic pension

The basic pension is obtained by multiplying the percentage laid down by the law for each insurance category by 25 times the amount of the reference wage of the relevant insurance category (you are assigned to one of the categories on the basis of your wage).

(b) Supplements

- (b)(a) Supplement for days worked. For more than 3 299 days of work, an increase in pension is calculated for every further 300 days of work, according to statutory rates.
- (b)(b) Supplement for the spouse. The amount of this supplement is fixed by law. It is granted only if

the wife is not employed and does not draw any pension. A married woman is equally entitled to such a supplement for her husband, if the latter is disabled, does not receive any income and is dependent on her for his maintenance.

(b)(c) Supplements for children. A supplement of 20% is granted for the first child, 15% for the second and 10% for the third, where the following conditions apply:

- age limit of 18 years, or 24 years for students, provided that the children are not married;
- no limit, if they are unfit for work and their incapacity for work commenced before the age of 18 years;
- the children must not be employed and must not draw any pension, and the other spouse must not receive supplements on their behalf.

(c) The pension must not be less than a statutory minimum amount.

3. Documents required

- (a) Claim for pension
- (b) Submission of all insurance papers (insurance book, DATE, etc.)
- (c) Statutory declaration on the date of termination of employment
- (d) For married persons with children under age: the

official marriage certificate and the birth certificates of the children

- (e) For persons with children who are studying or who are unfit for work: a certificate showing that they are students or a certificate from the competent health committee
- (f) Certificate showing your age

B(b) Reduced old-age pension

1. Qualifying conditions

- (a) Age 60 for men and 55 for women (full pension at 65 for men and at 60 for women)
At least 4 050 days of work, of which at least 100 days per year must have been completed during the last five years before claiming pension.
- (b) Age 60 for men and 55 for women (as (a))
At least 10 000 days of work, of which at least 100 days per year must have been completed during the last five years before claiming pension.
- (c) Age 56 for men and women (full pension at 58)
- (d) Age 50 for mothers of minors (full pension at 55 years)
At least 5 500 days of work under the above conditions (cf. full old-age pension in section B-1-e).

2. Reduction in pension

In the cases described above, there is a reduction of 1/200 for each month before the specified age limit during which the person was not employed.

3. *A reduced pension is not replaced by a full pension on reaching the age limit required in each case.*
4. *For additional information on the calculation of reductions, please see the paragraphs on full old-age pension (see above paragraph B(a) 2 and 3).*

C. Survivors' pension (pensions for surviving members of the family)

1. Qualifying conditions

The members of an insured person's family are entitled to pension if he was insured for a total of 4 050 days of work before his death, or for 1 500 days of which 300 had been completed within the last five years before the year of his death. If, however, the death of the insured person was caused by an accident at work, the members of his family are entitled to pension, regardless of the number of days worked. If the death of the insured person was caused by an accident other than at work, half of the specified number of days of work must have been completed, for the family to be entitled to pension.

The members of a deceased person's family, who had drawn an invalidity or old-age pension or a vocational rehabilitation allowance from the IKA, receive pension without further checking of the time conditions.

2. Members of the family

For the granting of pension, the following persons are

considered as members of the family of the deceased insured person or pensioner:

- (a) **Widow.** For the granting of a widow's pension, the only condition is that the widow was legally married to the deceased person. A widower without assets and unfit for work, who was supported by his deceased wife, is also entitled to pension.

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

However, the widow is entitled to pension if: (1) the death was caused by an accident; (2) the couple had a child, born to them or declared legitimate on their marriage; or (3) the widow is pregnant.

If the widow was married to a pensioner, she has no entitlement to pension if her husband died within the first 24 months of marriage, except where the aforementioned conditions apply.

- (b) **Children.** Orphans are entitled to pension up until the age of 18, or 24 when studying, provided that they are not married. If they became unfit for work before the age of 18, they are still entitled to pension when they have reached the specified age limit.

The following are considered as children:

- legitimate children;
- children declared as legitimate;
- illegitimate children, recognized by the father;
- foster children (the adoption must have taken place within a certain period before the death of the deceased person);

- illegitimate children (if the mother was insured or drew a pension).
- (c) Grandchildren and step-children, provided that they are orphans and were supported by the deceased person.
- (d) Natural parents and adoptive parents (under certain conditions).

3. *Benefit rates*

The pension to which the widow or widower is entitled amounts to 70% of the pension of the deceased spouse.

The pension for orphans amounts to 20% of the pension of the deceased person. Full orphans receive a pension of 60%.

The total amount of the widow's pension and the orphan's pension must not be greater than the pension of the deceased person. In the case of full orphans, the benefit should amount to not more than 80% of the pension of the deceased person.

If the sum of the pensions exceeds this rate, the pension of each person is reduced proportionately. Grandchildren, step-children and parents who were supported by the deceased person are entitled to pension, provided that the latter leaves neither widow or widower, nor children entitled to pension, unless, however, the amount of the pension of the deceased person has already been taken up by the pension claims of the latter. The pension for the abovementioned survivors amounts to 20% of the pension of the deceased person, but to 40% for a widow with children.

4. Documents required

- (a) For the granting of a survivors' pension, the same documents are required as for old age pension, excluding the age certificate, i.e.:
- (1) the official death certificate;
 - (2) a certificate showing the composition of the family.

(b) Claim for pension

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

5. Benefits in kind

IKA pensioners and members of their family are entitled to medical treatment and medicaments (benefits in kind from health insurance).

6. Days of work and aggregation of periods of insurance completed in another Member State.

(a) Days of work under IKA pension insurance

- The unit for the calculation of periods of insurance is the 'day of work' (or day of employment or day of insurance).

Days of leave are counted as days of work.

- For the acquisition of entitlement to pension, account may be taken of up to 200 days on which sick pay or unemployment benefit was drawn, provided that the latter benefits were drawn during the 10 years before the claim was made, and after 1 January 1976.

— In order to fulfil the time conditions for entitlement to a full old-age pension, periods in which an invalidity pension was drawn may, where necessary, be taken into account.

(b) Aggregation of periods of insurance completed in another Member State

Periods of insurance completed in another Member State are added to the periods of insurance completed in Greece, and entitlement to pension is determined in accordance with the Community Regulations on social security. If you have completed periods of insurance in another Member State, you must state this in your claim for pension and enclose all the supporting insurance documents that you have in your possession. In this event, your pension will be calculated according to the rules explained in part I, section 4 (B) and (C) of this Guide.

4. Accidents at work and occupational diseases

If you are an employed person, the legislation applying to the IKA provides for benefits in the following cases:

- Accidents sustained in the course of your employment or in connection with your employment (accidents at work);
- Accidents sustained on your way to and from your workplace (accidents at work);
- Accidents other than accidents at work;
- Diseases caused by the hazardous effects of your occupation, as specified in the list of prescribed occupational diseases.

Accidents and occupational diseases treated as such do not come under a separate insurance branch.

Illness or temporary incapacity for work are covered by the sickness insurance scheme; invalidity and death are covered by the pension insurance scheme.

A. Accidents

1. Qualifying conditions for the allowances

Insurance legislation provides for special treatment in the case of accidents. Insurance benefits are granted according to more favourable requirements, in which accidents at work are distinguished from other accidents.

(a) Accidents at work

You are entitled to cash benefits and to benefits in kind (medical treatment, cash sickness benefit), irrespective of the periods of insurance completed, i.e. a specified number of days worked is not required.

If, following an accident, you are temporarily and partially unfit for work, your case will be dealt with as for illness.

Persons sustaining an accident at work receive special treatment. Accident benefits are calculated according to the following rules:

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

If an accident at work leads to invalidity or to death, you shall receive an invalidity pension, or a survivors' pension shall be paid to your dependants (see chapter on pensions).

(b) Other accidents

As a general rule, you are already entitled to cash benefits and to benefits in kind, if you can show proof that, for each particular case, you have been employed for half the

specified number of days prescribed for the granting of the relevant insurance benefit.

2. Notification of accidents

You, or someone acting on your behalf, must report the accident within good time (usually within five days).

Further information may be obtained from your IKA office.

B. Occupational diseases

Persons suffering from an occupational disease receive equivalent insurance cover to persons sustaining an accident at work. The insurance benefits (medical treatment, cash sickness benefit, pensions) are granted irrespective of the number of days worked.

In order to benefit from the legislation on occupational diseases, you must show proof that you are suffering from one of the chronic diseases prescribed in the list of occupational diseases under the IKA health insurance scheme, or from poisoning resulting from one of the forms of employment, work or occupation in the aforementioned list, which, according to medical opinion, can be considered to be an occupational disease on account of its duration.

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

C. Stay in or return or transfer of residence to another Member State

(a) Benefits in kind

See chapter on 'Sickness and maternity benefits', part II-C 'Grant of benefits in another Member State'.

The only difference is that you will be issued with an E 123 form instead of an E 112 form.

(b) Cash sickness benefit

The IKA transmits the cash sickness benefit to you in the country in which you are residing (see also part II-C).

5. Unemployment insurance

Unemployment insurance is the responsibility of the Labour Employment Office (OAED), which, within the framework of the unemployment insurance scheme, provides the following benefits for unemployed persons:

- (a) Unemployment allowance
- (b) Sickness insurance

1. *Insured persons*

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

2. *Qualifying conditions for unemployment allowance*

You are entitled to unemployment allowance if you fulfil the following conditions:

- (a) you must have been fired through no fault of your own and you must involuntarily have stopped working;
- (b) you must be able and willing to work, but unsuccessful in finding employment;
- (c) you must be at least 16 years old;
- (d) you must have personally registered at the employment office;
- (e) you must be available on the labour market;
- (f) you must be able to show proof of having been insured against unemployment for at least 125 days within the last 14 months before you ceased to work, disregard-

ing the days worked during the last two months. If you are claiming unemployment allowance for the first time, you must, in addition, have completed 80 days of employment per year in the last three years before you claimed the allowance. Where necessary, periods of employment completed in another Member State are taken into account if you submit form E 301 issued by the unemployment insurance institution of the country where you were last employed.

3. Benefit rate

The unemployment allowance consists of a basic amount, with supplements for the dependent members of the family. The basic allowance amounts to 40% of your wage at the time you were fired. Clerical employees receive 50% of their salary, but not less than $\frac{2}{3}$ of the wages of an unskilled worker.

The basic rate of the unemployment allowance is increased by 10% for each dependent member of the family. The total of the basic allowance and the supplements for members of the family may not exceed 70% of your earnings.

4. Duration of benefit

The duration of the payment of unemployment allowance depends upon the number of days during which you have been employed within the last 14 months, as shown in the following table:

- (a) at least 180 days worked — duration of benefit: five months;

(b) at least 150 days worked — duration of benefit: three months;

(c) at least 125 days worked — duration of benefit: two months.

An unemployment allowance will be granted to you for 25 days of the month. If you wish to continue drawing unemployment allowance but you have exceeded the duration of benefit specified above, you must have been employed once again for the prescribed number of days.

Within a period of four years, you are only entitled to 300 days of unemployment allowance.

5. Discontinuance of the payment of unemployment allowance

The payment of unemployment allowance is discontinued if the following conditions apply:

- (a) you have taken up employment;
- (b) you are temporarily unfit for work.

6. Expiry of entitlement to unemployment allowance

Entitlement to unemployment allowance expires on the unemployed person's death, or if he receives a pension, if he is permanently unfit for work, or if he has not remained available to the employment office for work.

7. Formalities

In order to draw unemployment allowance, you must have personally registered as an unemployed person

at the employment office of your place of residence and have made a claim for unemployment allowance within 30 days of ceasing work.

An unemployment allowance is granted only if the employment office dealing with your claim can find you no suitable work.

The following documents must be enclosed with your claim:

- (a) Insurance book (the 'DATE' insurance book issued by the IKA, or any other insurance book);
- (b) Notice of termination of employment;
- (c) Statutory declaration showing that you are not engaged in any form of employment and that you will report resumption of work, and giving details of the members of your family who depend upon you for their maintenance.

8. If you fall ill whilst drawing an unemployment allowance

In order to fulfil the qualifying conditions for sickness benefits, the days for which you have drawn unemployment allowance are treated as equivalent to days of work by the institution with which you are insured against sickness.

If, in the period during which you are receiving unemployment allowance, you become unfit for work following an illness, you may draw unemployment allowance for a further five days, without continuing to receive cash sickness benefit at the same time.

If your illness continues, the payment of unemployment benefit is interrupted, and you receive cash sickness benefit, in so far as you are entitled to this benefit from your sickness insurance institution.

9. If you come from another Member State to seek employment in Greece¹

If you are drawing unemployment allowance from another Member State and have obtained permission to go to Greece to look for work, you must personally register at the employment office within seven days of your arrival in Greece, if you wish to continue drawing unemployment allowance. For this purpose, you must submit form E 303.

10. Granting of benefits for unemployed persons seeking employment in another Member State¹

If you are drawing unemployment allowance in Greece, you are still entitled to this benefit if you go to one or several other Member States to look for work, provided that you were registered in Greece as looking for work, at least four weeks before your departure.

Before your departure, you must have been issued with form E 303 by the employment office.

Upon your arrival in the country in which you are looking for a job, you must register at the employment office there and submit form E 303. Section 3 of the E 303 form gives details of the latest date by which you must have registered, if you wish to draw unemployment allowance from the moment when you are no longer registered as looking for work in Greece.

¹ Applicable from 1 January 1988, as the legislation on the free movement of workers comes into application only after the seven-year transitional period.

While you are looking for a job in another Member State, you are subject to the same checking procedures as for the unemployed persons in that Member State. You must inform the office to which you have submitted your E 303 form of any change in your circumstances which may affect your entitlement to unemployment allowance.

The unemployment allowance is paid to you in the country in which you are looking for work, by the office to which you have submitted your E 303 form.

Your entitlement to unemployment allowance in Greece lasts for a maximum period of three months, in so far as the maximum duration of benefit specified by Greek legislation is not exceeded. If you have not returned to Greece within this three-month period, you shall forfeit your entitlement.

6. Family benefits

If you are employed and you are insured with the IKA, the OAED or another statutory insurance scheme for employed persons, you are entitled to family benefits payable by the Labour Employment Office (OAED).

You are entitled to family allowances in respect of children residing in Greece or in another Member State.

1. Qualifying conditions for benefits

You are entitled to family benefits if you fulfil the following conditions:

- (a) you are an employed person with at least one dependent child;
- (b) you have completed 50 days of employment within the preceding calendar year, and have paid the corresponding contributions;
- (c) the collective wage agreement by which you are covered does not oblige your employer to pay family benefits (5% of your wage, provided that this amount is at least equivalent to the OAED benefit rate).

2. Persons entitled to family benefits

- (1) The parents (father or mother) in respect of their unmarried dependent children, provided that the latter are:
 - (a) under 18 years of age;
 - (b) under 22 years of age and still studying;

- (c) unfit for work (regardless of age).
- (2) The grandfather or grandmother, brother or sister, uncle or aunt, in so far as they are supporting full orphans or children with only one surviving parent and, in the case of the latter, the surviving parent does not qualify for family allowance.

Children entitled to family allowance are:

Legitimate children, legitimated children, recognized children, adopted children and also illegitimate children if their mother is entitled to benefit.

The mother is considered entitled to benefit if she fulfils the necessary conditions and if the father for some reason or other is not entitled to OAED benefits.

3. Benefits

A family allowance is paid to you from the birth of your first child in respect of all your children who qualify for benefit, the amount of benefit depending upon how many children you have. The family allowance is higher for the second child than for the first, and higher for the third than for the second, but from the third child onwards the allowance remains the same. The allowance is calculated for each insured day of work; the monthly amount is obtained by multiplying the daily benefit by 26.

The family allowance is increased by 100% for each of the first two children, and by 50% for each additional child, if the person entitled to benefit is widowed, or if the spouse of the latter is disabled or if the father is carrying out military service and the mother is entitled to benefit, and in so far as the person entitled to benefit is not drawing

survivors' pension and the spouse is not drawing invalidity pension.

4. Formalities

You must submit a claim to your local OAED office, and enclose the following documents:

- (a) insurance book (the DATE insurance book issued by the IKA or any other insurance book);
- (b) official birth certificate of the child;
- (c) statutory declaration.

In order to draw family allowance in respect of children living in a Member State other than Greece, you must submit form E 401 with your claim, showing the composition of your family.

Further information on family benefits may be obtained from your local OAED office.

5. Other benefits

If you are directly or indirectly insured with the IKA or if you are a pensioner, you are entitled to a lump-sum birth grant on the birth of a child (see Chapter B on maternity insurance, part II, 'Sickness and Maternity insurance').

Useful addresses

Doctor:

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Dentist:

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Chemist:

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Other addresses:

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Social Security guides for nationals of the Member States of the European Communities moving from one Member State to another

● **Guide No 1 — General guide**

This guide sets out the rights and obligations with regard to social security of employed persons going to work in a Member State of the European Communities. There are ten separate booklets, each containing information concerning one Member State.

● **Guide No 2 — Temporary stay**

This guide gives information for persons going to a Member State of the European Communities to stay there for a short period (holidays, family visits, business trips).

● **Guide No 3 — Workers posted abroad or employed in more than one Member State**

This guide is intended for posted workers, international transport workers and other workers regularly employed in more than one Member State (e.g. commercial travellers).

● **Guide No 4 — Pensioners**

This guide is designed for pensioners who were formerly employed persons and for pension claimants, who reside or stay temporarily in a Member State of the European Communities.

● **Guide No 5 — Members of the family**

This guide is intended for members of a worker's family who reside in another Member State of the European Communities than the worker.



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