

Social security for migrant workers



Netherlands

Guide No 1

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

In your own interest
READ THIS GUIDE CAREFULLY

1976

**This Guide gives only general guidance.
It must not be treated as a complete and authoritative statement
on the law in any particular case.**

**This publication was prepared by the Administrative Commission of the
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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 an 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 574/52 which came into force on 1 October 1972 for Belgium, 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 had been 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 had 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

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 condition 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 your 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 5/15th 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

10/15th 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 is 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).

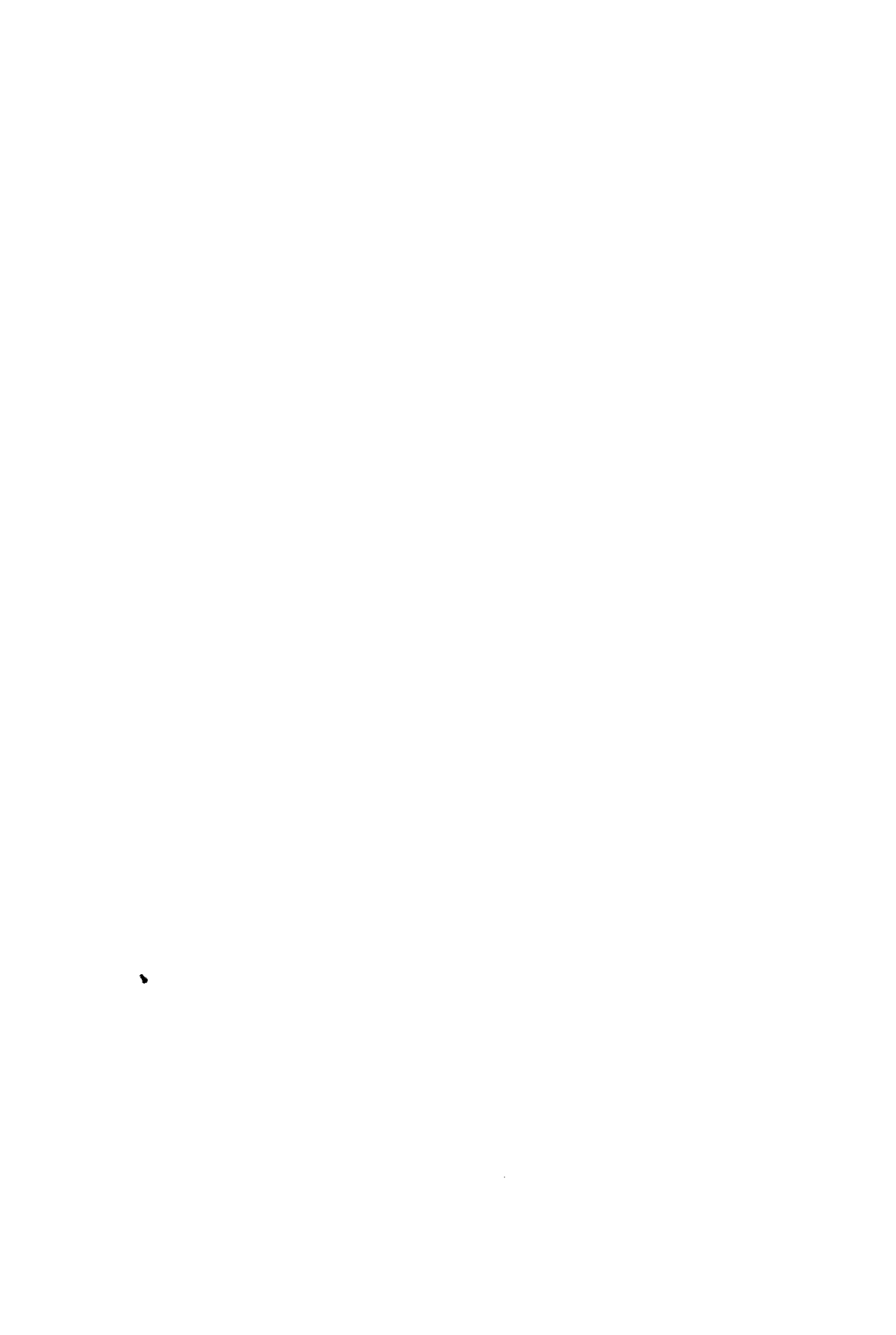
Special rules exist for the case where during your last employment you were resident in a Member State other than that in which you were insured.

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 the Netherlands**



1. Introduction

1. Netherlands social insurance consists of:

- (a) sickness insurance (*ziekenfondsverzekering*), which entitles you to medical treatment when required;
- (b) general insurance against special sickness costs (*algemene verzekering tegen bijzondere ziektekosten*), which entitles you to long-term treatment and care;
- (c) sickness insurance (*ziekteverzekering*), which entitles you to cash benefits for 52 weeks if you are unable to work owing to incapacity for work (as a result of sickness, an accident, disability, pregnancy or confinement);
- (d) insurance against incapacity for work (*arbeidsongeschiktheidsverzekering*), which entitles you to a cash benefit if owing to incapacity for work (as a result of sickness, an accident or disability) you are, after 52 weeks, still unable to earn your previous wage. Under this insurance scheme measures may be taken to make a resumption of work possible or to improve living conditions;
- (e) family allowance insurance (*kinderbijslagverzekering*), which entitles you to cash benefits known as family allowance for children who are defined as belonging to your family;
- (f) unemployment insurance (*werkloosheidsverzekering*)

and provisions for the unemployed (*werkloosheidsvoorziening*), which entitle you to cash benefits, usually only if you become unemployed through no fault of your own;

- (g) old-age insurance (*ouderdomsverzekering*), which entitles you to cash benefits when you reach the age of 65;
- (h) widows' and orphans' insurance (*weduwen- en wezenverzekering*), which entitles the widow and children of a deceased worker to cash benefits.

2. What you must do to become eligible for social security benefits

As soon as you start working in the Netherlands you are automatically covered by all of the insurance schemes listed above. You do not need to apply to an institution. There is, however, one exception, namely in the case of sickness insurance (*ziekenfondsverzekering*), where you need to apply in person.

You may register with the sickness fund of your choice in your place of residence. The sickness fund ensures that the benefits to which you are entitled under the insurance scheme are provided.

Your employer will give you a list of the sickness funds in your place of residence. From this list you can choose a sickness fund to which you then apply for registration. The sickness fund allows you to choose a doctor, dispensing chemist and dentist from a list in its possession, and you will be given a certificate of registration which you should keep carefully. You can note the name and address of your sickness fund on the inside cover of this Guide.

If your wage or salary is too high to qualify for registration with a sickness fund, you may take out a private policy, often via your employer, or via the sickness fund, or directly with a private insurance company.

3. *What else you should do*

Ask your employer of which professional or trade association (*bedrijfsvereniging*) he is a member. You will have to deal with this organization if you are incapable of work or unemployed. You should also note the address of the professional or trade association and of the labour council (*Raad van Arbeid*), with which you may also have to deal, as you have to apply to the labour council for a family allowance or for an old-age pension when you reach the age of 65. (If you are living outside the Netherlands when you reach that age, the old-age pension is awarded by the social insurance bank (*Sociale Verzekeringsbank*), Amsterdam, instead of by the labour council).

If you die, your widow and/or your children will also have to deal with the labour council or the social insurance bank.

You could also note the address of the regional employment office (*gewestelijk Arbeidsbureau*) at the back of your Guide. You should apply to that office if you become unemployed as it is useful if you are looking for work.

4. *How to pay the insurance contribution*

Your employer pays the contribution due under the various laws on social security. He may however deduct the whole contributions for old-age insurance and widows' and orphans' insurance from your wages, and a part of the contributions for insurance against sickness, incapacity for

work and unemployment, and for sickness fund insurance. The percentage of the contribution is reviewed from time to time. Not all workers pay the same amount of contributions to the sickness insurance fund and for unemployment insurance. Your employer or the professional or trade association will let you know how much you have to pay.

If you receive social security benefits, the insurance institution may in some cases deduct the insurance contribution.

5. What you should do if you do not agree with a decision of the insurance institution

If you do not agree with a decision of the insurance institution you may appeal against it. The appeal should be made to the appeal board (*Raad van Beroep*) shown on the decision, which also lays down the date by which an appeal should be submitted. If this information is not included in the decision, you should apply as soon as possible to the insurance institution for a decision which grants the right of appeal (*voor beroep vatbare beslissing*).

You inform the appeal board in writing that you do not agree with the decision taken by the implementing organization and that you request a review. The letter, known as a plaint (*klaagschrift*), should be forwarded in duplicate and the decision with which you do not agree should be enclosed.

If the decision concerned is 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. This appeal must be made

within a month of the date of the appeal board's ruling. In this case your letter is known as an appeal (*beroepschrift*); it should be forwarded in duplicate and the appeal board's ruling should also be enclosed.

6. *What you should do if you decide to return to your own country or to go to another Community country*

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 the forms you may need.

2. Netherlands social insurance benefits in cash and kind and how you can obtain them

I. Sickness insurance

A — MEDICAL TREATMENT

1. For you and for members of your family who are residing in the Netherlands with you

If you are covered by Netherlands sickness fund insurance you are entitled to medical treatment from the time you register with the fund. You are insured only if your wage or salary does not exceed the amount determined each year (*loongrens*). Your employer or your sickness fund will inform you of this amount (wage ceiling). If you yourself are insured the members of your family are in most cases insured at no extra cost. This applies to your spouse and your children, step-children and foster-children for whom you are entitled to family allowances (see section VII on family allowances). The only condition is that you support them.

You are entitled to the following benefits:

Treatment by general practitioners

You are entitled to the whole range of treatment provided by the general practitioner on whose list of patients you are and who is affiliated to the sickness fund. For that purpose

you should call during the consulting hour for persons insured with a sickness fund, bringing along your sickness fund's certificate of registration.

Specialist treatment

If you have a reference note (*verwijskaart*) from your general practitioner you can go to a specialist, but only during the consulting hour for persons insured with a sickness fund.

Drugs, medicines, bandages, etc.

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 form.

Dental treatment

You are entitled to dental treatment provided by a dentist affiliated to the sickness fund and during the consulting hour for insured persons. You do not need to make an additional payment for relieving pain. For preservative treatment you must as a rule pay a part of the cost yourself. For emergency treatment during the weekend you must in general make an additional contribution.

Treatment in hospital

Your general practitioner or the specialist usually arranges for your entry into hospital. You are entitled to free treatment for a year in the lowest class in hospital.

After 365 days in hospital the cost of treatment is, regardless of the amount you earn, 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.

Transporting the sick

If you travel to hospital by ambulance or taxi on medical advice, you have to make a contribution to the cost. Transport must have been requested by the doctor treating you.

Aids and appliances

You are entitled to aids and appliances, for which, however, you need an authorization from the sickness fund. The reimbursement of the cost in general amounts to 90% of the actual costs, subject to a maximum laid down. Ask your sickness fund for more details.

2. For members of your family living in your country of origin or in another Community country

If you are insured with a sickness fund in the Netherlands, the members of your family who are dependent on you are entitled to medical treatment in the country where they are residing, payable by the Netherlands as if they were insured there. You should request Form E 109 (in duplicate) from the Netherlands sickness fund and forward it to the members of your family. On page 3 of the form they are told to which institution they should hand in the form. If your family lives in the United Kingdom the form is forwarded direct by the sickness fund to the appropriate institution

there. You should inform the sickness fund of any changes in the composition of your family.

B — SICKNESS BENEFITS

1. Entitlement to sickness benefits during your insurance

If you are unable to work as a result of sickness or an accident, regardless of the cause, you are entitled to sickness benefits payable by the professional or trade association (*bedrijfsvereniging*) to which your employer is affiliated.

In order to obtain sickness benefits, you should apply as soon as possible to your employer, who informs the association as soon as you fall ill. When you fall ill you should as a rule inform your employer by 10 a.m. on the first day you are absent from work. Late notification may entail a refusal to provide benefits. You should moreover obey the instructions laid down by or on behalf of the professional or trade association. Failure to do so may lead to cessation of sickness benefits.

In most cases you are examined by a doctor on behalf of the association to determine whether you are suffering from incapacity for work. Where required, the association may ask you for further details to determine whether you are entitled to benefits and to determine the right amount.

Sickness benefits amount to at least 80% of your wages, subject to a ceiling. At the start of an illness, benefits are not normally paid for the first two days (so-called waiting period). Sickness benefits are provided for up to 52 weeks. For the period after that, see section III, Invalidity insurance.

2. Entitlement to sickness benefits after ceasing to be insured

If illness occurs within a month after the end of insurance the right to sickness benefits still exists under certain conditions. Such benefits are payable by the association to which your previous employer was affiliated.

If you are awarded sickness benefits you are also entitled to medical treatment.

C — IF YOU ARE TEMPORARILY GOING TO YOUR OWN COUNTRY OR TO ANOTHER MEMBER STATE

1. Medical treatment

If you, or insured members of your family, are going to your own country or to another Member State, for example, on holidays or to visit relatives, you should ask your sickness fund for Form E 111 before you set out (this form is not required in the United Kingdom). This form entitles you to medical treatment in the country where you are staying, in accordance with the legislation of that country. If you or a member of your family accompanying you requires medical treatment you should submit the form to the institution of the country where you are staying, in accordance with the instruction on the back of the form.

2. Entitlement to sickness benefits

If you fall ill during your stay in your own country or in another Member State you should

- immediately inform your employer in the Netherlands in writing, and
- notify your illness to the sickness insurance institution of the place where you are staying.

For further details on your entitlements during a temporary stay in another Member State see Guide No 2.

D — ENTITLEMENT TO MEDICAL TREATMENT AND SICKNESS BENEFITS

If you fall ill in the Netherlands and you wish to return to your own country or to go to another Member State the right to sickness benefits and other benefits can be retained only if the professional or trade association gives you permission to depart. You should ask for permission in good time.

If the association agrees to your departure, you may collect Form E 112 from your sickness fund. On your arrival, you should submit the form to the institution mentioned on the form. That institution will have you examined at regular intervals and provide the necessary medical treatment in accordance with current legislation. Members of your family who are covered by your insurance need only Form E 112, which certifies their right to benefits in kind.

As long as you are incapable of work you must undergo medical checks and examinations. The occupational association will ensure that you are paid the sickness benefits you are entitled to.

E — ENTITLEMENT TO SICKNESS BENEFITS IF YOU ARE LEAVING THE NETHERLANDS FOR GOOD

If, after you leave the Netherlands to settle in another country, you fall ill within a month of the end of your insurance under the Netherlands sickness law (*Ziektewet*), you are under certain conditions still entitled to sickness benefits.

No claims for benefits may be made to Netherlands insurance if you are entitled to cash benefits for sickness under the legislation of the country where you settle. If you fall ill within one month of the end of the Netherlands insurance, you should

- immediately notify in writing your last employer in the Netherlands, and
- notify the sickness insurance institution of your place of residence.

In such a case we advise you to state expressly that you are applying for cash benefits on the basis of the Netherlands sickness law (*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 benefits, the association will have you medically examined at regular intervals.

F — ENTITLEMENT TO MEDICAL TREATMENT AND SICKNESS BENEFITS FOR UNEMPLOYED PERSONS WHO GO TO ANOTHER MEMBER STATE TO LOOK FOR WORK

(See section VI, 2.)

G — MATERNITY BENEFITS IN CASH AND KIND

1. For the insured worker in her own right

If you are working in the Netherlands and are insured in your own right, you are during pregnancy, entitled to maternity benefits (*zwangerschapsuitkering*) equal to your daily wage. You do not need to be incapable of working to qualify for this benefit, which is provided from the sixth

week before the expected date of confinement to the actual confinement.

For six weeks after confinement you receive confinement benefits equal to 100% of your earnings. After that, sickness benefits 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 moreover entitled to free obstetric treatment and partial reimbursement by the sickness fund for maternity care if you are insured with a Netherlands sickness insurance fund (*Ziekenfondsverzekering*). Your sickness fund will provide you with additional information. If you wish to avail yourself of the services of a maternity hospital (*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 Netherlands sickness fund insurance are also entitled to free obstetric treatment and to a 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.

3. For members of your family in your own country or in another Member State

Members of your family in your own country or in another Member State are entitled to medical treatment in accordance with the legislation of the country concerned, provided they have submitted Form E 109 (see under section I, A, 2) to the institution concerned.

H — DEATH GRANTS

If you die while still employed, your survivors are 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 the sickness benefits were based, or—if you had not received any sickness benefits—on which it would have been based. If you had received benefits under the law on insurance against protracted incapacity for work (*WAO*) (see section III) death grants are also provided. This amounts to 100% of the daily wage if incapacity for work was between 80 and 100% or an amount equal to the *WAO* benefit for lower degrees of invalidity.

II. Accidents at work and occupational diseases

There is no separate insurance 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. After that you are eligible for a WAO benefit (see section III). You are also entitled to medical treatment provided by the sickness insurance fund if your earnings do not exceed the wage ceiling (*loongrens*) laid down (see section I on sickness insurance).

III. Invalidity insurance

1. As long as you are residing in the Netherlands

If you have received sickness benefits for 52 weeks you are under certain conditions entitled to benefits under the law on insurance against protracted incapacity for work (*Wet op de arbeidsongeschiktheidsverzekering*, abbreviated as *WAO*). This is so if you have found suitable work but earn less than 85% of what you would have earned if you had been fully capable of working. The WAO benefit is also provided by the professional or trade association which previously provided the sickness benefit.

The percentage of the benefit provided depends on the degree of incapacity for work and amounts to

- 10% of the daily wage if your incapacity for work is between 15 and 25%,
- 20% of the daily wage if your incapacity for work is between 25 and 35%,
- 30% of the daily wage if your incapacity for work is between 35 and 45%,
- 40% of the daily wage if your incapacity for work is between 45 and 55%,
- 50% of the daily wage if your incapacity for work is between 55 and 65%,
- 65% of the daily wage if your incapacity for work is between 65 and 80%,

— 80% of the daily wage if your incapacity for work is between 80 and 100%.

The daily wage cannot exceed a fixed ceiling. In special cases the percentage may be increased from 80 to 100%, for instance if you require continuous treatment and attention. The daily wage is generally based on what you would have earned in your previous employment if you had not become incapacitated.

A holiday allowance of 7% is awarded in May. The amounts of the benefits are adjusted to general wage trends.

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

Furthermore, the WAO enables steps to be taken to rehabilitate you for work and/or to improve your living conditions, e.g. retraining, training for another job, training, special treatment, special housing, provision and adaptation of means of transport.

Such facilities are provided not only if you are receiving WAO benefits, but they can also be provided if you are receiving sickness benefits or if you are likely to become incapable of work.

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

The WAO benefit ceases

- (a) when you reach the age of 65,
- (b) if your incapacity for work is reduced to less than 15%, or
- (c) if you die (for death grants, see section I, H).

The WAO provided that the joint medical service (GMD) should decide whether, and if so, to what extent the person concerned is incapable of work. To determine this, the GMD may call you for an examination. You will be given the address to which you should go and when you are expected. You should obey the instructions you are given by the GMD. If you are unable to go, you should notify them. You should also do as instructed by the professional or trade association or the GMD

The association will decide on your claims when 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. When doing so, you should provide 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 incapacity for work is calculated in accordance with the rules laid down in Part I, section 4, C, of this Guide.

If you receive a WAO benefit for incapacity of 45% or more, you are normally compulsorily covered for medical benefits. The professional or trade association will inform you about this.

2. If you are receiving a WAO 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 WAO benefit. In order to avoid problems it is advisable to notify your association and your sickness fund in good time before your departure.

3. 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 Netherlands WAO benefit. It depends on the type of invalidity benefit to which you are entitled in the country you are living in. The Netherlands WAO 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 had also been insured in the Netherlands. The institution will in some cases apply to the Netherlands to find out whether you are still entitled to a WAO benefit and will let you know whether you are.

IV. Old-age insurance

1. If you reside in the Netherlands

As long as you are living or working in the Netherlands you are insured under the law on old-age insurance (*Allgemene Ouderdomswet, AOW*). In general, all men and all single women are entitled to an old-age pension when they reach the age of 65. Married women are as a rule not entitled to old-age pensions.

The amount of the pension is fixed but is adapted to wage increases twice yearly. The amount is higher for married persons than for single persons. The pension is paid monthly. Moreover, a holiday allowance of 6% is 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 each full year you either live or work in the Netherlands you acquire a certain percentage of your pension, viz., if you are unmarried, 2% of an unmarried person's pension; if you are married, 2% of a married person's pension provided that your wife is living in the Netherlands or in another Member State. As soon as you receive an old-age pension you are no longer compulsorily covered in the Netherlands by sickness insurance. You can however obtain insurance for the elderly (*bejaardenverzekering*) at a sickness fund, if your earnings are below a certain maximum.

Applying for a pension in the Netherlands

Some months before you reach the age of 65 you should apply on a special form for an old-age pension to the labour council (*Raad van Arbeid*). Application forms are available from post offices among other places. If it appears from the application that you had previously been insured in other Member States an old-age pension will, if 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 laid down in section 4 B of Part I of this Guide. If you are awarded such a pension, the social insurance bank (*Sociale Verzekeringsbank*) will let you know. The award of the Netherlands old-age pension is not affected by the award of a foreign pension.

The Netherlands old-age pension is provided from the first day of the month during which you reach the age of 65. In the case of married persons the age of the husband is decisive in practically all cases. If you submit your application more than one year after that date, you may be at a disadvantage financially.

2. If you live in another Member State

Even if you live in another Member State you retain your right to the old-age pension acquired in the Netherlands. You can apply for it to the pension institution of your country of residence.

That institution will also inform you whether you are entitled to medical treatment in the case of illness.

V. Widows' and orphans' insurance

1. If the person dies while still insured

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

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 if you are receiving either Netherlands sickness benefits or a WAO benefit for incapacity for work of at least 45%. In the latter case, however, you receive the benefit only if you are not receiving invalidity benefits 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, viz. widows' pension, temporary widows' pension and orphans' pension.

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

- (a) has an unmarried child or is pregnant,
- (b) is incapable of working (but would be unable to earn more than 55% of a normal salary in a suitable employment),

- (c) is aged 40 or over (or was 40 in the month her husband died),
- (d) is over 35 but under 40, and has or has had a child which died or married after she reached the age of 35 but before her husband died.

Step-children or foster-children, i.e. the children of another person who are being brought up as her own children, are also regarded as the widows' children. The widows' 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 stopped.

The pension is in any case stopped at the beginning 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 widows' 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 widows' pension may claim a temporary widow's pension (*tijdelijke weduwenuitkering*) which may be payable from 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 or who are handicapped are also entitled to a pension.

The amount of the orphans' pension varies according to the age of the orphan.

Twice yearly the amounts of the benefits are brought into line with wage increases. Benefits are paid monthly. A 6% 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 widows' or orphans' benefit.

If the application is submitted more than a year after the death of the insured person, you may be at a disadvantage financially. Widows and orphans who are residing in other Member States may also be entitled to benefits. These can be applied for from the pension institution of the country where the widow or orphan is residing. That institution will forward applications to the social insurance bank (*Sociale Verzekeringsbank*).

If you are awarded a widows' pension you may also be entitled to family allowances (*kinderbijslag*). The labour council will give you 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 laid down in Part I, section 4, B, of this Guide.

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

2. If the person dies after the end of insurance

Even if a worker dies after he is no longer covered by Netherlands insurance, his widow may still be entitled to a Netherlands pension or benefit. A condition is either that the pension legislation of another Member State applies to you or that your widow is entitled to a widow's pension from another Member State. The amount of the pension depends on, among other things, insurance periods completed in the Netherlands by the deceased person. The widow should apply for the benefit to the pension institution of the country where she is residing, which will forward the application to the social insurance bank (*Sociale Verzekeringsbank*).

If the application is submitted more than a year after the death of the insured person, you may be at a disadvantage 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 widows benefit may be affected by the 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 laid down in Part I, section 4, B, of this Guide. The pension institution of the country of residence can inform the widow of her entitlement to medical treatment if she falls ill.

VI. Assistance for the unemployed

1. If you stay in the Netherlands

(a) Unemployment benefits

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

In order to qualify you should either have worked for at least 30 days in the Netherlands during the six weeks immediately before becoming unemployed, or have worked at least 65 days in the Netherlands during the twelve months period before your first day of unemployment.

If you do not fulfil either of these conditions, periods during which you were insured in another Member State may also be taken in 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 stopped when you reach the age of 65.

In order to qualify for unemployment benefits you should

immediately register for employment with the regional employment office (*Gewestelijk Arbeidsbureau*). You should furthermore apply for benefits, within 24 hours of becoming unemployed, to your previous employer's professional or trade association. If you do not 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 labour 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 had referred you to an employer or whether an employer had 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.

(b) Unemployment allowances

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

You can 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 laid down), and which are provided for at most

two years. In any case, the allowance is withdrawn when you reach the age of 65.

(c) In the case of illness

If you fall ill while receiving unemployment benefits, you should immediately notify the professional or trade association or social service which provides the benefit. Unemployment allowances provided by the social service of your place of residence are also provided while you are ill, while if you are receiving unemployment benefits provided by the association they are replaced by sickness benefits.

During the time you are receiving unemployment benefits provided by the association they are replaced by sickness benefits.

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

If you are receiving Netherlands unemployment benefits and think that you can find work more rapidly in your own country or in another Member State you may try to do so while still retaining your Netherlands benefit. You must normally have been registered for four weeks in a Netherlands regional employment office. The professional or trade association or local social service from which you are receiving benefits may, however, allow you to leave earlier. You should ask them for Form E 303, which you should submit as soon as possible—within seven days at the latest—to the employment service and, if necessary, to the unemployment insurance institution of the country where

you are looking for work. The names of these services and bodies are given on Form 303/5.

While looking for work you have to undergo the same checks as all other unemployed persons in that country. Changes in your circumstances which may affect your right to unemployment benefits should be notified to the institution to which you submitted Form E 303.

You are entitled to Netherlands unemployment benefits for up to three months. The Netherlands institution which provided the benefits may however allow you to stay abroad for a longer period. Benefits are paid out in the country where you are looking for work by the institution to which you submitted Form 303. If you do not return to the Netherlands within three months and have not received permission to stay for a longer period, you forfeit the right to further benefits.

In order to be entitled to medical treatment for yourself and members of your family accompanying you, you should request Form E 119 from your sickness fund before your departure.

As soon as you or members of your family require medical treatment, you should submit this form to the sickness institution of the country where you are looking for work. That institution is mentioned in Form E 119. If you yourself fall ill, you should expressly state that you also want cash benefits. Let the institution know in which professional or trade association you are insured in the Netherlands and request them to apply to that association for sickness benefits.

You should undergo the medical checks and examinations

of the sickness insurance institution of your place of stay as long as you are incapable of working.

If you are entitled to sickness benefits, they are paid in the country where you are staying, either directly from the Netherlands or through the foreign institution.

VII. Family allowances

1. For your children who are staying in the Netherlands

Workers in the Netherlands are entitled to family allowances from the first child onwards. Persons receiving sickness benefits, unemployment benefits, benefits under the law on insurance against protracted incapacity for work (*Wet op de arbeidsongeschiktheidsverzekering, WAO*) (for incapacity of 45% or more), widows' pension or temporary widows' pension are also entitled to children's allowance from the first child onwards.

For which children are you entitled to family allowances?

— *For children up to the age of 16*

You are entitled to family allowances for your own children, step-children and foster-children aged under 16, if

- (a) you are the applicant and they are members of your household,
- (b) they are members of the household of your divorced or separated spouse and are maintained primarily—i.e. more than 50%—by you,
- (c) they are not members of the household (normally children in institutions) and are to a degree (a certain amount per week) maintained by you.

If a child aged under 16 is being brought up outside the home in connection with education or vocational training

it is receiving, and is maintained primarily by the applicant, it is counted as two children. This arrangement also applies to children under 16 who will, owing to illness or disability, probably not be members of the applicant's household during the coming year.

— *For children aged between 16 and 26*

You are entitled to family allowances for your own children, step-children and foster-children aged between 16 and 26, if

- (a) a considerable amount of their time available for work is taken up by or in connection with full-time education or vocational training, and if the applicant bears a considerable part of the cost (a certain amount per week) of maintaining them;
- (b) owing to illness or disability they were during the preceding year, or probably will be during the coming year, unable to earn more than 55% of a normal wage. In this case the applicant must also bear a considerable part of the cost of maintenance;
- (c) if a considerable amount of their time available for work is devoted to looking after the applicant's household or—provided that there are at least three other children aged under 27 in the household—in helping to look after it (it should be noted that only one child in each family can qualify for family allowances on this basis);
- (d) if they are registered with an educational establishment as being over school age but still subject to compulsory part-time education.

If a child in categories (a), (b) or (c) is maintained largely

by the applicant, the child is counted as two children for the award of family allowances.

Only those children who are aged between 16 and 26 and who are receiving full-time education can qualify for treble benefits, if they are living away from home or if the applicant bears more than 90% of the cost of maintaining them.

Date of entitlement

Entitlement to family allowances for a quarter is determined by the number of children who fulfil the conditions laid down on the first day (reference date) of the quarter.

Amount of family allowances

The statutory family allowances are graduated, i.e. the quarterly allowance for the second and third child is higher than for the first. The allowance for the fourth and fifth child is in turn higher than for the second and third, and so forth.

The maximum quarterly benefits are reached with the eighth child.

When calculating family allowances a quarter is usually reckoned as 78 days. If you have not been insured to qualify on each day of the quarter, the family allowance is determined by multiplying the number of days you have been covered by insurance by 1/78 of the quarterly amount.

Applying for family allowances

In order to qualify for family allowances you should at the end of the quarter submit a comprehensive signed application to the labour council (*Raad van Arbeid*)

competent for your place of residence. The forms required—family allowance forms (*kinderbijslaglijsten*)—are obtainable at all post offices and from the labour councils. If you are employed, your employer will in many cases also have the forms, and will forward them to the labour council.

Applications for children's allowances submitted more than three years after the relevant quarter are no longer accepted.

2. For your children staying in another country

Normally your children who stay behind in another country are also entitled to family allowances. In order to assess their eligibility the labour council may ask you for further details.

Further information

In a special folder entitled 'Social security in the Netherlands—a short survey' you can find further details on the current rate of contributions and on the level of pensions and family allowances.

This folder is issued free at regular intervals and is available in Dutch, French, German or English. You can obtain this folder, and any other information you may require, from the social insurance information centre (*Voorlichtingscentrum Sociale Verzekering*), Rijnspoorplein 1, Amsterdam. You can apply there for any further information you may require. The telephone number is 020-927474.

Useful addresses

General practitioner

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Dentist

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Chemist

(*Apotheek*)

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Sickness fund

(*Ziekenfonds*)

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Professional or trade association

(*Bedrijfsvereniging*)

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Labour council

(*Raad van Arbeid*)

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Regional labour office

(*Gewestelijk arbeidsbureau*)

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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 nine 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.