

Social security for migrant workers



Ireland

Guide No 1

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

In your own interest
READ THIS GUIDE CAREFULLY

1975

**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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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 Ireland

1. General Information

1. Purpose of guide

This part of the guide is intended to help persons from another Member State coming to Ireland to work or to live, to understand the Irish social security system and to give them some idea of the rights and obligations of an insured worker under that system.

It includes a brief outline of how the system is organized and of how it works. It lists the benefits available to an insured person and his dependants and gives an indication of the qualifying conditions which must be fulfilled.

The practical steps which need to be taken to obtain payment are described and information as to how and where to obtain further guidance, if desired, is also given.

2. Who must be insured?

Generally speaking, all employees over the age of 16 years who have not reached pensionable age must be insured regardless of the level of earnings.

There are, of course, some exceptions; employment by the person's husband or wife, for example, is not insurable. Insurance after pensionable age is for occupational injuries benefit and health services only.

Pensionable age means the age at which a person can qualify for a social security old age pension (see paragraph 27). The current age is 67 years but this is being progressively reduced.

Self-employed persons are not compulsorily insurable but may in certain circumstances (see paragraph 8) insure voluntarily.

3. What contribution must be paid?

There are two kinds of contributions—flat-rate contributions and pay-related contributions.

● *Flat-rate contributions*

These are at various rates, depending on the type of employment, but the ordinary contribution, which gives cover for all benefits, is the one which is most likely to be required.

The cost of the contribution is shared between employer and employee and payment is normally made by means of a stamp affixed weekly to a social insurance card.

It is the employer's responsibility to see that this is done and he is entitled to deduct the employee's share of the contribution when payment of salary or wages is being made. Widows, deserted wives and unmarried mothers in receipt of social security pensions or allowances are not liable for any deduction from their earnings in respect of flat-rate contributions or pay-related contributions. The employer must pay a flat-rate and pay-related contribution in

the ordinary way. Women affected by this concession receive a reduced rate of benefit in addition to their pension or allowance, in the event of illness or unemployment.

The health element of the contribution is not shared between employer and employee. If the employee is entitled to free health services (see paragraph 17) the employer will pay the whole of the health service contribution. If, however, the employee is not so entitled the contribution is deducted from his wages by his employer.

The flat-rate contributions cover an employee for the flat-rate benefits which will be described later. They also include contributions towards health services (benefits in kind) and, in most cases, the occupational injuries benefit scheme and the redundancy payments scheme.

● *Pay-related contributions*

In addition to the flat-rate contribution a pay-related contribution must be paid in respect of most employees.

This consists of a small percentage of the employee's earnings up to a certain limit.

It is shared between employer and employee and is normally collected through the income tax system called 'Pay As You Earn' (PAYE).

These pay-related contributions give cover for pay-related benefit which will be described later.

4. Benefits available

The benefits, pensions and allowances which are available

to insured persons and their dependants under schemes administered by the Department of Social Welfare include:

- Disability benefit, Maternity benefit and Invalidity pension, Unemployment benefit, Occupational injuries and diseases benefits and Pay-related benefit
- Contributory Widow's pension and Orphan's allowance and Deserted Wife's benefit
- Retirement pension and Contributory old age pension
- Death grant
- Treatment benefit
- Family allowances.

As an insured person you and your dependants may also be entitled to certain health services (see paragraph 16).

5. Organization

The contributions of employees and employers, both flat-rate and pay-related, but excluding the health, redundancy payments and occupational injuries contributions, are paid into the Social Insurance Fund, to which the State also contributes.

Cash benefits and pensions are paid out of this Fund which is administered by the *Department of Social Welfare* whose headquarters are in Dublin and which has an extensive network of local offices and information centres throughout the country. Occupational injuries benefit which is financed by contributions from employers only is paid out of a

special fund administered by the Department of Social Welfare.

The health services (benefits in kind) which are financed mainly by the State and from local taxation, with the contribution from insured persons, are administered by 8 regional health boards under the general supervision of the *Department of Health*, which has its headquarters in Dublin (see page 61).

The redundancy payments scheme is administered by the *Department of Labour* which has its headquarters in Dublin.

6. How to register

On taking up employment in Ireland, a person should immediately apply to the nearest local office of the Department of Social Welfare for a social insurance card. He or she will be allotted an insurance number and issued with a social insurance card.

This card should be given to the employer whose duty it is to retain it and to stamp it regularly while the person remains in that employment.

The insurance number should be quoted when making a claim to benefit or in any correspondence with the Department so as to enable the case to be identified and dealt with promptly.

7. Credited contributions

Contributions are not usually payable when the insured

person is unemployed or unable to work through illness or incapacity. Instead, contributions which can be of value when a claim to benefit is being made, are credited automatically for each complete week of proved unemployment or certified incapacity for work.

8. *Voluntary insurance*

When a person ceases to be compulsorily insurable, for example, through becoming self-employed, title to certain benefits such as pensions, can be maintained by means of voluntary contributions, provided not less than 156 weekly contributions as an employed contributor have been paid by the person.

9. *Contribution conditions*

The qualifying conditions for each benefit include certain contribution conditions which must be fulfilled.

Generally speaking, short-term benefits and lump sum payments such as disability benefits, maternity allowance, maternity grant, treatment benefits and unemployment benefits require the person to have paid at least 26 weekly contributions since becoming insured and to have at least 26 contributions paid or credited in a governing contribution year. Long term benefits such as Invalidity pension, Widows pension, Retirement pension and Old Age pension require that the insured person shall have paid at least 156 weekly contributions since becoming insured and shall have had a minimum yearly average of paid or credited

contributions since becoming insured or over a specified period.

If a worker has been insurably employed in more than one Member State the periods of insurance may be combined to enable him to satisfy the contribution conditions for Irish benefits.

There are however no contribution conditions for health services (benefits in kind) or for Occupational Injuries benefit.

It is important to note that the governing contribution year for unemployment benefit and disability benefit changes each year and is different for men and women. For men the contribution year commences on the first Monday in January and for women on the first Monday in July.

The benefit year for short-term benefits also changes each year. The benefit year for men commences on the first Monday in June and for women on the first Monday in December.

For example, if you had been a man claiming disability benefit on 1 May 1975 the governing contribution year in your case would have been the year beginning in January 1973. This would have remained the governing contribution year up to June 1975 when it would have become the year beginning in January 1974.

If you had been a woman claiming on the same date the governing contribution year in your case would have been the year running from the beginning of July 1973. This would have remained the governing contribution year up to

December 1975 when it would have become the year beginning in July 1974.

10. Dependants

Increase of benefit or pension is payable for an adult dependant and each child dependant.

An Adult dependant means:

- (a) in the case of a married man, his wife, if she is living with him or wholly or mainly maintained by him,
- (b) in the case of a married woman, her husband, if he is an invalid and is wholly or mainly maintained by her,
- (c) in the case of a widower or an unmarried man, a woman over 16 years of age having the care of his child dependants, if she is wholly or mainly maintained by him.

Children are as a rule regarded as dependants of their father (or step-father) and increases for child dependants will normally be included in his payment. However, a woman entitled to payment in her own right, for example, a widow, an unmarried woman, or a married woman entitled to an adult dependant's allowance for an invalid husband, will be entitled to allowances for dependant children.

The age limit for child dependants is normally 18 years, but in the case of widow's pension and deserted wife's benefit, this may be extended to 21 years where the child

is receiving full-time education. Payments for dependants may be made even though the dependant is residing in another Member State.

2. Health benefits and services

11. Disability benefit

This is a flat-rate amount payable weekly to insured persons during periods of incapacity for work.

If, however, your incapacity is due to an accident at work or one of the listed industrial diseases a special injury benefit may be payable instead (see paragraph 23).

To be eligible for disability benefit you must:

- (a) be unfit for work,
- (b) satisfy the contribution conditions.

Briefly, the contribution conditions require that you have at least 26 contributions since becoming insured and that you have at least 26 paid or credited contributions in the most recent governing contribution year (see paragraph 9).

Payment is normally made from the fourth day of illness. If, however, you made a claim for disability, unemployment or injury benefit in the preceding 13 weeks, payment may be made from the first day of incapacity.

If you have at least 156 insurance contributions, payment of disability benefit may continue as long as you are unfit for work and until you reach pensionable age.

If you have less than 156 contributions however you normally cannot be paid disability benefit for more than 52 weeks.

Periods of insurance, residence or employment as appropriate completed in your own country or in another Member State may, under Community Regulations, be taken into account, if necessary. For this purpose you should if possible be able to show the authorities when making your claim a completed form E 104 which you can obtain before leaving from the sickness insurance institution in your own country or the Member State where you were previously working. If you have not got this form in your possession, however, the Department of Social Welfare will arrange to obtain it on your behalf when you make your claim but this may result in delay in dealing with your claim. The benefit will be paid at Irish rates and subject to the conditions applicable in Ireland.

Disability benefit should be claimed within 7 days of becoming incapable of work, otherwise benefit may be lost.

The claim is made by sending evidence of the incapacity to the Department of Social Welfare on a special form which is available from most doctors.

You must normally continue to submit certificates at weekly intervals as long as your incapacity continues.

You will be expected not to engage in any activity which would be likely to hinder your recovery (the Department

will advise you about this) and you may be required to undergo a check by the Department's medical examiner.

Disability benefit with allowances for adult and child dependants (see paragraph 10) is paid weekly by means of a cheque through the post.

You may receive Irish disability benefit abroad if you remain insured under the Irish scheme and:

- you fall sick whilst you are temporarily visiting another Member State;
- you are in another Member State with the authority of the Department of Social Welfare in order to receive treatment for an incapacity which began before you left Ireland;
- you are already receiving disability benefit and you return to the Member State in which you are ordinarily resident, or you leave to become ordinarily resident in another Member State and you obtain agreement from the Department of Social Welfare that benefit may continue (see paragraph 19);
- you fall sick whilst looking for work in another Member State and you are receiving Irish unemployment benefit (see paragraphs 19 and 20).

For further information concerning the conditions of and arrangements for payment you should contact the Department of Social Welfare well in advance of your departure (see page 61).

Pay-related benefit may also be payable (see paragraph 24).

12. *Invalidity pension*

This is a flat-rate amount payable weekly, instead of disability benefit, to insured persons who are certified to be permanently incapable of work and who satisfy the contribution conditions.

It is payable as long as you remain permanently incapable of work, even after pensionable age, though it will cease if you are awarded a retirement pension or old age pension.

If you become unfit for work you must first claim disability benefit. Before seeking an invalidity pension you would, normally, already have been receiving disability benefit for at least 12 months so that there is no need to make a separate claim for invalidity pension.

If you have been insured at any time in Denmark, Germany, Italy or Luxembourg, or under the French miners' social security scheme, you may be entitled to invalidity benefits from this other Member State as well as to an invalidity pension from Ireland and you should inform the office from which you have received disability benefit of the fact. The amounts of invalidity pension payable will be calculated as explained in paragraph 4 C of Part I.

If you have previously been insured only in Belgium, and/or in France (other than under the French miners' scheme), and/or in the United Kingdom and/or in the Netherlands, then you will normally be entitled to receive invalidity pension exclusively from Ireland.

As a recipient of disability benefit you will be notified of your right to claim invalidity pension when the conditions for that pension are satisfied.

Invalidity pension (with allowances for adult and child dependants) (see paragraph 10) is payable at the same rates as disability benefit by means of a book of pension orders which are cashable weekly at a post office if you are living in Ireland or the United Kingdom. If you are living outside Ireland or the United Kingdom it will normally be paid monthly by means of a money order or bank draft.

If you intend to go to stay or to live in another Member State you should consult the office from which you receive the invalidity pension well in advance of departure so that arrangements can be made for the continued payment of your pension.

13. Maternity allowance

This is a flat-rate amount payable weekly. Its purpose is to ensure that an insured woman will not have to work immediately before and after the birth of a child.

The contribution conditions must be satisfied on her own insurance (see paragraph 9).

A woman who has periods of insurance, residence or employment as appropriate completed in more than one Member State may have those periods in these States combined for the purpose of qualifying for the allowance (see paragraph 11).

You can make a claim by obtaining a form from the Department of Social Welfare, having the 'certificate of

expected confinement' on that form completed by your doctor and returning the form to the Department with your insurance number.

You will normally be paid for 12 weeks, 6 weeks before and 6 weeks after the confinement, but the period may be varied in special circumstances.

You should claim the allowance 8 weeks before the expected date of confinement.

Payment is made weekly by cheque at the same rate as the maximum rate of disability and unemployment benefit payable to a person without dependants.

You may continue to receive the allowance if you go back to your own country or another Member State under the conditions set out in paragraph 11.

Pay-related benefit may also be payable (see paragraph 24).

14. *Maternity grant*

This is a lump sum payable if the contribution conditions are satisfied on either the husband's or wife's insurance. If they are satisfied on both, two grants are payable (see paragraph 9 for an indication of the contribution conditions).

The grant should be claimed within three months after the date of confinement on a form which can be got at any of the offices of the Department of Social Welfare.

A woman who is herself insured, or whose husband is insured may also be entitled to a free maternity care service provided by her local health board (see paragraph 17).

15. Treatment benefit

The benefits are:

- (a) Dental benefit (Treatment and supply of dentures)
- (b) Optical benefit (Sight testing and supply of glasses)
- (c) Supply of hearing aids and contacts lenses.

They are available to insured persons who satisfy the necessary contribution conditions. They do not apply to dependants.

The contribution conditions to be satisfied depend on whether you are under or over 21 years of age.

If you are under 21 years of age you must have paid at least 26 contributions.

If you are over 21 years of age you must

- have paid at least 156 contributions and
- have at least 26 credited contributions paid or credited in the governing contribution year (see paragraph 9).

You may be required to pay a portion of the cost of treatment or appliances.

Any branch or office of the Department of Social Welfare will advise you as to how to obtain these benefits.

16. Health services (benefits in kind)

Insured persons and their dependants who fall into the following categories are entitled to limited health services:

- (a) All manual employees insured under the Social Welfare Acts.
- (b) Non-manual employees insured under the Social Welfare Acts whose annual rate of remuneration is £2,250 or less.

The main health services available to the above are:

- Hospital and specialist services.
- Assistance towards the cost of prescribed medical requisites.
- Maternity care services and infant welfare services for infants up to six weeks old.

Hospital services in a public ward are completely free. If you wish to avail yourself of private or semi-private accommodation you may do so but in this case you will be liable for part of the higher costs involved.

To provide for this or if you do not fall into one or other of the categories of insured persons automatically entitled to limited health services you may, if you wish, obtain medical insurance cover from the Voluntary Health Insurance Board.

The address of the Board is given on page 63.

This is an independent non profit making company set up by statute to provide protection against the costs of serious illness.

Two schemes are available:

- the hospital scheme which covers maintenance and treatment costs arising from a stay in hospital and
- the home scheme which offers protection against high cost medical expenses arising other than in hospital.

17. If you are over 16 years of age and are adjudged by the health board for your area to be unable to pay for health services for yourself and your dependants you may receive the full range of health services, free of charge.

Prior application must be made to the appropriate Health Board (see page 61) and you must register with the doctor of your choice.

These services include:

- A general medical practitioner service with choice of doctor.
- Drugs, medicines and appliances.
- Maternity care service and infant welfare services.
- Hospital and specialist services.
- A supply of milk for expectant and nursing mothers and for children under 5 years of age.
- A maternity cash grant for each child born in a confinement.
- Dental, ophthalmic and aural services.
- Limited travelling facilities for parents of children who are long stay patients in hospital.

18. All residents in the country are entitled to the following services free of charge:

- Hospital, diagnostic and preventive services for infectious diseases.
- Hospital services for children suffering from specified long-term illnesses.
- Drugs and medicines for persons suffering from specified disabilities.
- Training for employment of disabled persons.

Welfare allowances are paid by health boards in respect of the following:

- Severely handicapped children aged between 2 and 16 years living at home requiring constant care.
- Disabled persons (over 16) with little means who are unable to work.
- Necessitous persons suffering from infectious diseases who are undergoing treatment to the satisfaction of the health boards.

■ If you require Health services you should make application to the Health Board for your area (see page 61).

19. *Provision of benefits in another Member State*

If you and your family go temporarily to another Member State, for instance on holiday, you will be entitled to urgent medical treatment there on the same basis as the nationals

of that Member State. In some circumstances you may also be authorized to go temporarily to another Member State specifically for medical treatment. For further information on the procedures you will need to follow you should obtain Guide No 2 and the booklet entitled 'Medical Care and the visitor to Common Market Countries' obtainable from the Department of Health or your local health board (see page 61).

If the dependant members of your family live in another Member State, they will be eligible for medical benefits there whilst you are working and insured in Ireland (see Guide No 5). To enable them to obtain these benefits you should send them form E 109 which you can obtain from your local health board (see page 61). When you request this form you should quote your name, address, nationality, insurance number (see paragraph 6) and the names, ages, relationships and addresses of your dependants.

If you are sick and are receiving disability benefit in Ireland and you wish to return to the Member State from which you came, or you wish to go to live in another Member State, you may retain the right to both cash disability benefit and to medical benefits there, provided you obtain the authority of the Department. To obtain this authority, you should write to the branch of the Department from which you are receiving disability benefit and request form E 112. You should also quote your name, address, nationality, insurance number (see paragraph 6), the names, relationships and ages of the members of your family who will accompany you, and the address in the Member State to which you wish to return or go to live.

If you are unemployed and have been authorized to seek work in another Member State (see paragraph 20), you and the members of your family who are with you will be entitled to medical benefits in that State.

To obtain these benefits (and cash disability benefits if you become incapable of work through sickness) you should present form E 119, which you should request from the Department (see page 61) before you leave Ireland, to the sickness insurance institution of the State in which you are seeking work.

3. Benefits related to loss of employment

20. Unemployment benefit

This is a flat-rate amount payable weekly to insured persons during periods of unemployment.

To be entitled, you must satisfy the contribution conditions (see paragraph 9) and must be capable of and available for work.

You may, under Community Regulations, have periods of insurance or employment as appropriate completed in your own country combined with Irish insurance to enable you to qualify for unemployment benefit.

For this purpose you should, if possible, be able to show the authorities when making your claim a completed form E 301 which you can obtain before leaving from the unemployment insurance authority in your own country or the Member State where you were previously working. If you have not yet got this form in your possession, however, the local office of the Department of Social Welfare at which you register as unemployed will arrange to obtain it on your behalf but this may result in delay in dealing with your claim.

You can be disqualified in certain circumstances, for example, where the job was lost through your own fault, on where you have not taken up a suitable job offer.

As with disability benefit payment is normally made from the 4th day of unemployment, but if you have already had a claim in the previous 13 weeks, payment may be made from the first day.

Payment may be made for up to 312 days (156 days if the claimant is under 18 years of age or is a married woman living with or wholly or mainly maintained by her husband).

Payment may, however, be made up to pensionable age if you are over 65 and at least 156 contributions paid.

When you have used up your 312 days entitlement you must obtain at least a further 13 contributions paid in respect of insurable employment in order to requalify.

■ You should claim benefit on the first day of unemployment at the nearest employment exchange or employment office, otherwise benefit may be lost. You may claim by post if the distance is more than 6 miles.

You will then be advised as to the manner in which evidence of continued unemployment must be furnished.

The benefit may be increased by allowances for adult and child dependants (see paragraph 10).

You will normally be paid in cash at the Employment Exchange or Office at which your claim was made but payment may be made by post where the distance is more than 6 miles.

You may also be entitled to pay-related benefit (see paragraph 24) and in certain circumstances you may also be entitled to Redundancy Payments (see paragraph 21).

If you are receiving Irish unemployment benefit and you wish to seek work in another Member State, then provided you have been receiving benefit, normally for at least four weeks, and you register for work in the other Member State within seven days of last registering for work in Ireland, you may continue to receive Irish benefit for up to a further three months. Whilst you are seeking work you will have to submit to the same checks as other unemployed persons in that country and should tell the office at which you are registered of any change in your circumstances. If you do not return to Ireland within three months, you will lose any rights you may have to continued payment of benefit. If you intend to seek work in another Member State, you should tell the office from which you receive benefit well in advance of your departure so that the necessary forms and guidance can be given to you.

If, whilst you are unemployed in these circumstances, you fall sick you may claim cash disability benefits (see paragraph 11) and you, and the members of your family, will also be entitled to medical benefits in the Member State in which you are seeking work (see paragraph 19).

If you have already been receiving, or entitled to, unemployment benefit in your own country for at least 4 weeks immediately before coming to Ireland, you may continue to have your benefit paid here for up to 3 months while you are looking for work. You should bring with you form E 303 which you can get from the authority which was paying your benefit and present it within 7 days of

your arrival in Ireland at the nearest Employment Exchange or local office of the Department of Social Welfare.

If you have not already been receiving benefit you must first obtain insurable employment in Ireland before you can claim benefit. (This rule does not apply in the case of certain frontier or cross-border workers, seasonal workers and international transport workers).

The benefit will be paid at Irish rates and subject to the conditions applicable in Ireland.

21. Redundancy payments

Most insured persons are also insured under the Redundancy Payments Scheme.

An insured worker who loses a job through redundancy, will, if certain requirements are met, receive a lump sum payment. In addition, if he is unemployed or sick, he will receive a number of weekly payments. The amount of the lump sum and the number and amount of the weekly payments are calculated by reference to the length of service with the employer who made him redundant, the age of the worker and his rate of pay at the time he received notice of dismissal.

(A person is normally redundant when dismissal is due to the complete or partial closing down of the employee's place of employment or to a decrease in the employer's requirements for employees of his kind and qualifications).

It should be noted however that entitlement under this scheme depends on length of service with an employer in

Ireland and not on contributions. Community Regulations regarding combination of insurance records do not therefore apply to it.

This scheme is administered by the Department of Labour.

22. *'Wet-Time' benefit*

Certain employees in the building, civil engineering and painting trades and their employers pay an additional contribution under a separate special scheme for insurance against loss of earnings due to bad weather.

This contribution is paid by means of a separate stamp on a special card which can be got from any local office of the Department of Social Welfare. If you are insured under this scheme, benefit where due will be paid by your employer.

The scheme is also administered by the Department of Social Welfare.

4. Work accidents and diseases

23. Occupational injuries benefits

These are payable under a separate scheme to insured persons who are injured in the course of their employment or who contract certain recognized occupational diseases.

The benefits consist of:

- Injury benefit, paid while you remain unfit for work for a maximum period of 26 weeks from the date of the accident or onset of the disease.

If you are still incapable of work after that you may be entitled to disability benefit under the general social insurance scheme.

If you have an accident at work your employer should be informed and you should obtain the special claim form from the Department of Social Welfare and send it back with medical evidence of your incapacity within 21 days of its commencement, otherwise benefit may be lost.

Payment which includes allowances for adult and child dependants (see paragraph 10) is normally made from the 4th day of incapacity (1st day if it lasts more than

12 days) and is paid weekly by cheque through the post. Irish injury benefit may continue to be paid if you go to stay in another Member State, or if, with the authority of the Department of Social Welfare (see paragraph 34) you return to, or go to live in, another Member State. To enable benefit to be paid to you in these circumstances you should write to the branch of the Department from whom you are receiving injury benefit and request form E 123. You should also quote your name, address, nationality, insurance number (see paragraph 6), the names, relationships and ages of the members of your family who will accompany you, and the address in the Member State to which you wish to return or go to live.

Pay-related benefit may also be payable (see paragraph 24).

- *Disablement benefit*, paid where you are suffering from loss of physical or mental faculty as a result of a work accident or disease even though you may not have been rendered unfit for work as a result of the accident or disease ; it should be claimed within 3 months.
- *Medical care*, which covers the cost of medical care and attention reasonably and necessarily incurred as a result of a work accident or disease. The Department must be notified within 6 weeks of its commencement that medical care is being received.
- *Death benefits*, payable when an insured person dies as a result of a work injury or disease and consisting of

- widow's pension,
- dependant widower's pension or gratuity,
- orphan's pension,
- dependant parents pensions and
- funeral grant.

These should be claimed within 3 months of the death on a form which can be got from the Department of Social Welfare, otherwise benefit may be lost.

Disablement benefit and the other benefits set out above are payable if you go to another Member State. You should consult the office from which you receive the benefit well in advance of your departure, to enable arrangements to be made for payment in another Member State.

Special rules exist for the granting of benefit where an industrial disease has been contracted as a result of employment in more than one Member State and also where there has been an aggravation of that disease. If you think you might be affected by these rules, you should enquire at the Department of Social Welfare (see page 61).

5. Additional benefit

24. Pay-related benefit

This is payable as an addition to flat-rate disability benefit, maternity allowance and unemployment benefit.

You may also be paid it with injury benefit under the occupational injuries scheme if any of the above would have been payable to you but for the receipt of injury benefit.

The benefit will be payable if you are liable for pay-related contributions and your earnings exceed a certain minimum level.

Payment will not normally be due to you for the first 2 weeks but it may continue for up to 303 days provided the relevant flat-rate benefit is also payable.

You need not make a special claim but if you are claiming one of the abovementioned flat-rate benefits you should also give your income tax number. This is shown on notices of tax-free allowances and other documents received from the Inspector of Taxes.

The amount will be 40% of your reckonable weekly earnings which fall within a certain range during the first 6 months, 30 % during the next 3 months and 25 % during the remaining 3 months.

Your earnings in the preceding income-tax year are taken as the basis. The income-tax year commences on 6th April each year.

Earnings which are below the minimum at which pay-related contributions are payable or above a maximum figure are not taken into account for this purpose.

The benefit is paid weekly with the basic flat-rate benefit but the combined total may not exceed the weekly earnings on which the calculations were based.

The pay-related benefit year commences on the first Monday in January.

6. Pensions for survivors, retirement and old age

25. *Contributory widow's pension*

This pension is payable to a widow at any age where the contribution conditions are satisfied either on her late husband's or her own insurance.

Briefly, the contribution conditions are that at least 156 contributions must have been paid and that there must have been a minimum average number of paid or credited contributions over a period which may be either a recent 3 or 5 year period or the whole period since entry into insurance.

Under Community Regulations periods of insurance in more than one Member State may be taken into account for the purpose.

If the widow or her husband has been insured in more than one Member State the pension will be calculated in accordance with the rules described in Part I 4 B of this Guide. The pension is payable so long as the recipient remains a widow or until she receives an old age or retirement pension at an equal or higher rate.

It should be claimed within 3 months of the husband's death on a form which can be got at any Post Office. If the widow lives in another Member State the claim may be made to the pensions insurance institution of that Member State.

Payment which includes allowances for child dependants (see paragraph 10) is made by means of a book of pension orders which are cashable weekly at a Post Office if the widow is living in Ireland or the United Kingdom. If she lives outside Ireland or the United Kingdom it will be made monthly by means of money order or bank draft.

26. Retirement pension

This is payable at age 65 to persons who have retired from insurable employment and who satisfy the contribution conditions. A person aged between 65 and pensionable age (see paragraph 27) satisfies the retirement condition as long as he does not engage in insurable employment (except employment which is only insurable for occupational injuries purposes).

For example, if you retire altogether from employment or become self-employed you satisfy the retirement condition.

Briefly, the contribution conditions are that you must have become insured before reaching the age of 55 years, have at least 156 contributions paid and have a minimum yearly average of paid or credited contributions either since 1953 or since becoming insured if this took place later.

Under Community Regulations periods of insurance in more than one Member State may be taken into account for the purpose.

If you have been insured in more than one Member State the pension will be calculated in accordance with the rules described in Part I 4 B of this Guide.

The retirement condition does not apply after pensionable age that is the age at which contributory old age pension is payable (see paragraph 27).

It should be claimed within 3 months before age 65 is reached or within 3 months of retirement if that is later on a form which can be got at any Post Office. If you live in another Member State the claim may be made to the pensions insurance institution of that Member State.

Payment which includes allowances for adult and child dependants (see paragraph 10) is made by means of a book of pension orders which are cashable weekly at a Post Office if you are living in Ireland or the United Kingdom. If you live outside Ireland or the United Kingdom it will be made monthly by means of money order or bank draft.

The widow of a retirement pensioner (whose pension included an allowance in respect of his wife) automatically becomes entitled to a contributory widow's pension.

27. Contributory old age pension

This is payable from pensionable age at present 67 years onwards to an insured person who satisfies the contribution conditions and you can receive it even if you continue working. It cannot be paid in addition to retirement pension however.

- It should be claimed within 3 months before pensionable age is reached on a form which can be got at any Post Office. If the claim is made more than 3 months after that date pension may be lost.

If you live in another Member State the claim may be made to the pensions insurance institution of that Member State.

Briefly the contribution conditions are:

- (a) that you must have become insured prior to a date which depends on your date of birth but ensures that you will have had at least 10 years insurance
- (b) that you have had at least 156 contributions paid
- (c) that you have a minimum yearly average of paid or credited contributions since 1953 or since becoming insured if this took place later.

Under Community Regulations periods of insurance in more than one Member State may be taken into account for the purpose.

If you have been insured in more than one Member State the pension will be calculated in accordance with the rules described in Part I 4 B of this Guide.

Payment which includes allowances in respect of adult and child dependants (see paragraph 10) is made by means of a book of pension orders which are cashable at a Post Office if you are living in Ireland or the United Kingdom. If you are living outside Ireland or the United Kingdom it will be made monthly by means of money order or bank draft.

The widow of a contributory old age pensioner (whose pension included an allowance for his wife) automatically becomes entitled to a contributory widow's pension.

28. Other survivors benefits are:

- *Contributory orphan's pension*, payable where both parents are dead and either parent or a step-parent was an insured person.
- *Death grant*, a lump sum payable on the death of an insured person, or the wife or husband or widow or widower or child (under age 18) of an insured person to the personal representative or husband or wife or any of the next-of-kin, provided the contribution conditions are satisfied.

Briefly these require that at least 26 contributions have been paid since 1st October 1970 and that at least 26 contributions have been paid or credited in the governing contribution year (see paragraph 9).

Under Community Regulations periods of insurance or residence as appropriate completed in your own country may be combined with Irish insurance to enable the contribution conditions to be satisfied. Further information on this aspect may be obtained from the Department of Social Welfare (see page 61).

If the insured person was previously insured in another Member State the Department of Social Welfare should be informed.

A claim should be made within 3 months after the date of the death on a form which can be got from the Department of Social Welfare.

29. Prescribed relative allowance

This is an increase of pension or benefit payable to contributory old age pensioners and other social security pensioners over pensionable age, who are so incapacitated as to require full-time care and attention, where that care and attention is being provided by any one of a number of specified relatives. These are shown on the claim form.

If the prescribed relative is entitled to certain benefits, pensions or allowances in his own or her own right the prescribed relative allowance is not payable.

The allowance should be claimed as soon as the need arises on a form which can be got from the Branch of the Department of Social Welfare which is paying the incapacitated person's pension or benefit.

30. Payment of benefit and pensions after death of breadwinner

On the death of a person who was receiving any of the following benefits which included an increase for an adult dependant, the payment will be continued for 6 weeks after the death, title to survivors benefit being deferred in the meantime:

- Disability benefit
- Invalidity pension
- Unemployment benefit
- Injury benefit

- Retirement pension
- Contributory old age pension.

Payment of the whole benefit or pension will normally be made to the adult dependant.

The claim is made by notifying the Department of the death of the beneficiary.

7. Family Benefits

31. Children's allowances

These do not depend on insurance or on means but are payable in respect of each child below the age of 16 years apart from any increase for child dependants which may be payable as part of benefit or pension. The age limit is extended to 18 years where the child is receiving full-time education by day or is an apprentice or is incapacitated and likely to remain so for a prolonged period.

If you are insurably employed in Ireland or receiving a benefit or pension under Irish legislation you may qualify for Irish children's allowances even though your children may be residing in another Member State provided your wife (or husband) is not gainfully occupied in the Member State in which your family is living. Any office of the Department will advise concerning this.

If your family is not living with you in Ireland you should state this when making your claim and complete the special form E 401 which may be obtained from the Department of Social Welfare.

The allowances are payable monthly and an allowance becomes payable from the first day of the month following that in which a child is born.

Application which is normally to be made by the mother of the child should be made within three

months of that day, on a form which can be got at any Post Office, otherwise some allowance may be lost.

Special lump sum grants are made to the mother in the case of multiple births of three or more children. Application may be made in the same way as for an allowance.

8. How claims are decided

32. Decisions on claims to the various cash benefits administered by the Department of Social Welfare and on questions of insurability are given by Deciding Officers of the Department. Decisions in relation to inability to pay for health services (see paragraph 17) are matters for the sole discretion of the Chief Executive Officer of the Health Board in your area.

If you are dissatisfied with the decision of a Deciding Officer you have a right of appeal. You can do so by notifying the Department of Social Welfare within 21 days of receiving the decision that you wish to appeal. Your case will then be referred to a Departmental Appeals Officer who may, if he thinks fit, hold an oral hearing of the case at which you may attend and give evidence and at which you may be represented if you wish.

Deciding Officers and Appeals Officers, who are appointed by the Minister for Social Welfare, are statutory officers and completely independent in the discharge of their functions.

The decision of an Appeals Officer is final unless new evidence or new facts are produced which would justify a revision of his decision. In certain circumstances, however, involving questions of law relating to insurability there is the right of appeal to the High Court against the decision of an Appeals Officer.

Appeals against decisions relating to redundancy payments are heard by the Redundancy Appeals Tribunal whose headquarters are at Davitt House, Mespil Road, Dublin 4. The secretariat of the Tribunal is staffed by officials of the Department of Labour.

9. Miscellaneous

33. *How and where to get further information*

Contribution rates and levels of benefit, pensions and allowances are liable to frequent change. The rates currently in force together with more complete information as to the qualifying conditions are contained in a booklet 'Summary of Social Insurance and Assistance Services', the most up to date copy of which in English and Irish language versions may be obtained (free of charge) from the Department of Social Welfare.

This booklet also contains a list of local information centres, the addresses of the local offices of the Department, a list of offices administering the Health Services and a list of information leaflets covering in greater detail various aspects of the social insurance scheme. These leaflets may be obtained free of charge from the Department.

The Departments and Boards referred to in this Guide are:

The Department of Social Welfare
Aras Mhic Dhiarmada
Dublin, 1

The Department of Labour
Davitt House
Mespil Road
Dublin, 4

The Department of Health
Custom House
Dublin, 1

Offices administering health services

Health Board	Area	Address of chief executive officer
Eastern	Dublin City and County, Counties Kildare and Wicklow	1 James's Street Dublin, 8
Midland	Counties Laoighis, Longford, Offaly and Westmeath	Arden Road Tullamore Offaly
Mid-Western	Limerick City and County, Counties Clare and Tipperary (N.R.)	1, Pery Street Limerick
North-Eastern	Counties Cavan, Louth, Meath and Monaghan	Ceanannus Mór Co. Meath
North-Western	Counties Donegal, Leitrim and Sligo	Manorhamilton Co. Leitrim
South-Eastern	Waterford City and County, Counties Carlow, Kilkenny, Tipperary (S.R.) and Wexford	Arus Sláinte Patrick Street Kilkenny
Southern	Cork City and County and County Kerry	County Hall Cork
Western	Counties Galway, Mayo, and Roscommon	Merlin Park Galway

Enquiries regarding health services available to insured persons or their dependants should be addressed to the Chief Executive Officer of the appropriate Health Board.

The Board which administers the scheme of voluntary health insurance referred to in paragraph 16 is:

The Voluntary Health Insurance Board
VHI House
20/23 Lower Abbey Street
Dublin 1.

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.