

Your social security rights in Cyprus



Social Europe



European Commission



The information provided in this guide has been drafted and updated in close collaboration with the national correspondents of the Mutual Information System on Social Protection (MISSOC). More information on the MISSOC network is available at: <http://ec.europa.eu/social/main.jsp?langId=en&catId=815>

This guide provides a general description of the social security arrangements in the respective countries. Further information can be obtained through other MISSOC publications, all available at the abovementioned link. You may also contact the competent authorities and institutions listed in Annex I to this guide.

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Chapter I: Introduction, organisation and financing

Introduction

All persons gainfully employed in Cyprus either as employees or as self-employed persons are compulsorily covered by the social insurance scheme. Voluntary insurance is available to persons who wish to continue to be insured after a certain prescribed period of compulsory insurance, or to persons who work abroad in the service of Cypriot employers. The scheme, which is administered by the Social Insurance Services, provides for the following benefits:

- sickness benefit;
- maternity grant;
- maternity allowance;
- benefits for accidents at work and occupational diseases, including temporary incapacity (injury benefit), disablement benefit and death benefit;
- invalidity pension;
- unemployment benefit;
- old-age pension;
- widows' pension;
- orphans' benefit;
- funeral grant;
- marriage grant.

Employed persons are entitled to all the above benefits. Self-employed persons are not entitled to unemployment benefit or to benefits for accidents at work. Voluntary contributors working abroad for Cypriot employers are not entitled to benefits for accidents at work and occupational diseases. Other voluntary contributors are not entitled to maternity allowance, sickness benefit, unemployment benefit as well as benefits for accidents at work and occupational diseases.

All periodical benefits (apart from lump sum benefits) comprise:

- a basic benefit, which includes increases for dependants, and which is related to the insurable earnings of the insured person in the basic insurance;
- a supplementary benefit, which is linked to the insurable earnings of a person in the supplementary insurance, and which does not include increases for dependants.

The general principle of non-duplication of rights applies to the social insurance scheme. In other words, if a person is entitled to more than one benefit for the same period, the highest benefit is paid. This rule does not apply where a person is entitled at the same time to a widows' pension.

The rates for basic pensions are reviewed at the beginning of each year on the basis of the percentage of revision of the basic insurable earnings, while the rates for supplementary pensions are reviewed on the basis of the increase in the cost of living index (comparison of the second semesters of the two last years).

Furthermore, pension rates are increased each year in July on the basis of the increase in the cost of living index (comparison between the first semester of the year with that of the second semester of the previous year), if the increase is at least 1%. This increase is taken into account when determining the increase in pension rates at the beginning of the year.

Benefit payments are made either by cheque or by bank transfer.



Cheques must be cashed within three months from the date they are issued.

Organisation of social protection

Social Insurance Services is a governmental body under the control and supervision of the Ministry of Labour and Social Insurance which is in charge of the administration of all social risks. It is responsible for:

- implementing government policy in the field of social insurance by means of specific schemes and measures;
- submitting proposals concerning government policy with the aim of constantly improving social security in response to international events and the current socio-economic climate in Cyprus;
- drawing up a list of the socio-economic needs which can be met through social security measures;
- continually studying and assessing the schemes and measures introduced by these Services to meet the objectives set.

The social insurance scheme covers every person gainfully occupied in Cyprus, either as an employed or as a self-employed person, persons called up for military service, and every other person who is considered to be a voluntarily insured person.

For any period of incapacity or unemployment, earnings are credited based on the insurable earnings of the person. Also insurable earnings are credited for any period between the dates of death/incapacity up to the pensionable age for the purpose of increasing the rate of a widow's and/or an invalidity pension. Furthermore, insurable earnings are credited for periods of education.

Periods of child raising of up to 156 weeks are taken into account for the purpose of payment of pensions to women in respect of each child until they reach the age of 12.

Social risks cover sickness, maternity, unemployment, invalidity, old age, death and survivors' risk as well as all risks related to accidents at work and occupational diseases.

Since 2003 a special allowance is provided to all pensioners for the purpose of increasing the amount of their pensions. Since 1 December 2009, there have not been any new beneficiaries, as the 'Scheme for supporting pensioners' households with low income' by the Grants and Benefits Service, is fully implemented.

Moreover, a social pension is provided to persons residing in Cyprus, when they reach the age of 65, provided that they satisfy prescribed residence conditions, and are not entitled to a pension from any other source if the amount is higher than the amount of social pension. If the pension or similar payment received is less than the amount of the social pension, then the person may receive the difference between the two amounts.

The protection of social risks is provided with the help of the district offices, which are mainly responsible for the receipt of applications, the collection of contributions and for inspections. The Head Office of the Social Insurance Services acts as coordinator of the various district offices; its responsibilities are mainly concentrated on the application of social policy as well as decision making and payments of benefits and pensions.

Social Welfare Services is also a governmental body under the control and supervision of the Ministry of Labour and Social Insurance which provides and promotes social welfare services. Social Welfare Services aim to address social risks and to foster social cohesion



within the general framework of the State policies for social and economic development. Services focus on individuals, families, social groups and communities.

The Department for Social Inclusion of Persons with Disabilities has been established since January 2009 by the State Budget Law, with the aim of improving the quality of life of persons with disabilities. The Department is under the control and supervision of the Ministry of Labour and Social Insurance. Its responsibilities concern the formulation, coordination, implementation, monitoring and control of social protection and social inclusion policies for persons with disabilities. To this end, it cooperates with other ministries co-responsible for disability issues, as well as with organisations for persons with disabilities and other social partners.

The Grants and Benefits Service is a governmental body under the control and supervision of the Ministry of Finance. It was reorganised and expanded in 2003, with the aim of bringing together the various related social schemes and implementing the new legislation concerning child benefit and mother's allowance. The Service is also responsible for the application of a new scheme; the 'Scheme for supporting pensioners' households with low income'. This is a cash benefit scheme addressed to pensioners' households whose total annual income is below the poverty threshold. The foremost task of this service is to offer accurate and prompt services to all citizens.

The Ministry of Health is mainly responsible for the organisation of the healthcare system in Cyprus and the provision of state-financed healthcare services. The ultimate objective of the organisation is to promote and protect people's health. The Ministry of Health formulates national health policies, coordinates the activities of both the private and the public sector, regulates healthcare standards, and promotes the enactment of relevant legislation. In April 2001 a new law was enacted for the Introduction of a National Healthcare System (NHS) which will provide healthcare to all citizens and will be financed by contributions from the State, employers, employees, self-employed people and pensioners. This new arrangement has not yet been introduced.

Financing

The Social Insurance Scheme is financed by contributions paid by employers, insured persons and the State.

Since 1 April 2009, for employed persons, the contribution is 17.9% of their "insurable earnings", which is shared between the employer, the employee and the State in the proportion of 6.8%, 6.8% and 4.3% respectively. "Insurable earnings" are earnings on the basis of which contributions and benefits are calculated and include any remuneration derived from employment, excluding ex-gratia payments and occasional bonuses, but including contributions payable in respect of that person to the Central Holiday Fund. The legislation defines a maximum amount of insurable earnings for contribution purposes which is revised every year. For 2011, this ceiling is € 1,002 per week or € 4,342 per month. No contribution is paid on amounts exceeding the ceiling for "insurable earnings".

For self-employed persons, the contribution is 16.9% of the insurable income of the person concerned. From the total percentage of 16.9%, 12.6% is paid by the self-employed person and 4.3% by the State. The insurable earnings of self-employed persons are fixed by regulations according to occupational category. A minimum compulsory insurable income is fixed for each category of self-employed worker, but he/she has the right to opt for a higher income up to the maximum insurable earnings. If a self-employed person proves that his/her actual income is lower than the minimum insurable income of his/her



occupational category, he/she is entitled to pay contributions calculated on the basis of this income.

For voluntary contributors, the contribution is 14.8% of either the amount of the basic insurable earnings or the amount of their earnings in the previous years. From the total percentage of 14.8%, 11% is paid by the voluntary contributor and 3.8% by the State. Voluntary contributors working abroad in the service of Cypriot employers pay contributions of 13.6% on their earnings as defined in the contract of employment up to the maximum insurable earnings. An additional contribution of 4.3% is paid by the State.

Employed persons are required to contribute once they receive remuneration from their employer of at least € 2 per week or not less than € 7 per month. Unpaid apprentices and working prisoners are required to pay contributions, and the above rule is not applicable.

Self-employed persons pay a contribution for each contribution week in which they have worked as self-employed persons.

Any person who works concurrently or successively as an employed person and as a self-employed person in the same contribution week is required to pay contributions for both activities. At the end of each contribution year, any contributions paid by the insured person for self-employment in excess of the insurable earnings ceiling are refunded.

If a person works for more than one employer in the same contribution period (week or month), the employers must pay contributions on the worker's wages/salary up to the insurable earnings ceiling. At the end of each contribution year, the personal contributions paid by an employee on earnings above the ceiling are reimbursed. Employers' contributions are not reimbursed.

Any person who is entitled to pay contributions on a voluntary basis, and at the same time on a compulsory basis (employed and self-employed persons), has the right to pay contributions voluntarily, if his/her insurable earnings are below the level of earnings on which he/she has opted to pay contributions on a voluntary basis.

Employers pay their contributions (including the employee's share) monthly in arrears within one month from the end of each contribution month. Self-employed persons pay their contributions quarterly in arrears within one month and ten days from the end of each quarter. Persons wishing to pay monthly may do so.

Voluntary contributors pay their contributions monthly, quarterly or yearly in arrears. If a voluntary contributor does not pay his/her yearly contribution (for example for the year 2009) within the following 12 months (i.e. 2010) he/she loses his/her right to pay voluntary contributions for the year for which contributions are due (i.e. 2009).

In the case of late payment of contributions by an employer or a self-employed person, there is an automatic, fixed, additional charge which is a percentage of the contributions due, and which increases progressively according to the duration of the delay. For the first month of delay, the charge is 3%, increasing by 3% for each month up to a maximum of 27%.

The obligation to pay contributions ceases when the insured person reaches pensionable age (65 years). However, if he/she has reached the required age but does not satisfy the insurance conditions entitling him or her to old-age pension, he/she must continue to contribute until these conditions are satisfied. However, contributions may not be paid after the age of 68.



Assimilations are awarded to insured persons for the following periods:

- any period of full-time study or approved training after the age of 16;
- the period preceding the day on which a person is insured for the first time up to the first day of the preceding contribution year;
- any period of unemployment during which unemployment benefit is paid, as well as any period of unemployment up to a maximum of 26 weeks for which the insured person is not entitled to benefit (employed persons only);
- any period of incapacity for work due to sickness, injury, maternity or invalidity for which benefit is payable. For employed persons, a period of incapacity without entitlement to benefits gives right to assimilations for a maximum of 26 weeks. For self-employed persons, this period also entitles them to assimilations if it is preceded by a period during which benefits were payable;
- any period of parental leave.

Periods of child raising of up to 156 weeks are taken into account for the payment of pensions to women entitled to a pension after 31 December 1992 during the first 12 years of each child's life.

In the case of invalidity or death of an insured person aged under 63, the period between the date of invalidity or death and the age of 63 is deemed to be an insurance period. The earnings to be credited for such a period are normally based on the average insurable earnings of the person concerned in the supplementary insurance for the last five years preceding the date of death or invalidity. If a person has not completed five years of insurance, the average is calculated on the basis of the actual number of years of insurance.

Assimilations awarded for any period of unemployment, maternity, sickness, injury or invalidity have the value of the earnings on which the benefit payable has been assessed. Other assimilations have the value of basic insurable earnings.

The basic insurable earnings for 2011 were fixed at € 167.05 per week or € 8,687 per year. The basic earnings mark the limit between the two parts of the scheme: the basic insurance and the supplementary insurance.

The total annual insurable earnings of every insured person are divided into two parts: the basic insurance, which includes insurable earnings up to the level of basic earnings, and the supplementary insurance, which includes insurable earnings above the level of basic earnings.

Each year, insurance points are credited to every insured person. One insurance point is the equivalent of the yearly amount of basic earnings. The first insurance point (up to '1') is assigned to the basic insurance and any insurance point in excess of '1' to the supplementary insurance.

The amount of basic insurable earnings is adjusted annually on the basis of the fluctuation in the general level of insurable earnings based on an ordinance issued by the council of Ministers.

Your right to social security benefits when moving within Europe

Social security systems in European countries are different, which is why EU provisions have been designed to coordinate them. Common rules ensuring access to social benefits are



important to avoid European workers and other insured persons being put at a disadvantage when exercising their right of free movement. These rules are based on four principles.

- When moving within Europe, you are always insured under the legislation of one single Member State: generally, if you are active, it will be the country where you work; if you are inactive, the country where you reside.
- The principle of equal treatment ensures that you have the same rights and obligations as nationals of the country where you are insured.
- When necessary, periods of insurance acquired in other EU countries can be taken into account towards the award of a benefit.
- Cash benefits can be "exported" if you live in a country other than the one where you are insured.

You can rely on the EU provisions on social security coordination in the 27 EU Member States, Norway, Iceland, Liechtenstein (EEA) and Switzerland (31 countries altogether).

Some general information on the EU provisions is provided at the end of each chapter. Further information about the coordination of social security rights when moving or travelling in the EU, Iceland, Liechtenstein, Norway or Switzerland can be found at: <http://ec.europa.eu/social-security-coordination>.



Chapter II: Healthcare

When are you entitled to healthcare?

The State medical services are available to any person who chooses to be treated at a State medical institution and who enjoys permanent residence and citizenship. These conditions do not apply to public assistance recipients. Persons entitled to free healthcare in State medical institutions are divided into two categories:

- those whose entitlement to healthcare is subject to means testing;
- those whose entitlement stems from their professional, social or other status without reference to their financial situation (senior government officials, civil servants, members of families with four or more children, enclave persons, war veterans, dependants of missing persons, persons receiving public assistance, persons suffering from certain chronic diseases, etc.).

Those whose entitlement is subject to a means test are also divided into two categories:

- medical card 'A' (free care) is issued to single individuals whose annual income does not exceed € 15,377.41, and families whose income does not exceed € 30,754.82 per year, plus € 1,708.60 for each dependent child;
- medical card 'B' (reduced fees) is issued to single individuals whose annual income is between € 15,377.42 and € 20,503.22, and families whose annual income is between € 30,754.83 and € 37,589.23, increased by € 1,708.60 for each dependent child.

To determine eligibility for healthcare in a State medical institution, a form must be submitted together with an income statement and relevant supporting documents (insurable earnings certificate from the Social Insurance Services, salary statement from the employer, tax statement and any other relevant document). Only one medical card is issued per family, to be used by all members.

Persons not belonging to the above categories may use State medical services against payment of the applicable fees fixed periodically.

What is covered?

Health services provided include:

- out-patient care by general practitioners and specialist care to both out-patients and in-patients;
- the necessary drugs and pharmaceutical material;
- diagnostic and paramedical examinations;
- hospitalisation;
- dental care except for dentures, which are only provided to certain low-income groups.

Limited use of private hospitals is available under contracts with the Ministry of Health. Patients have free choice of government doctors. They are not obliged to register with one general practitioner. Access to specialist care is dependent upon referral from a practitioner. The patient is referred to the hospital at which the treating doctor is employed.



How is healthcare accessed?

Healthcare is provided by both the State medical services and the private medical sector. Medical care is provided free of charge or at reduced rates to certain categories of the population by the State medical services as described below. Patients outside these categories pay the appropriate rates fixed periodically. Persons using the private medical sector pay the fees themselves. Certain groups are covered by medical funds run by trade unions or employers. These funds provide full or partial coverage of the medical expenses incurred by their members.

Individuals entitled to medical care may be liable to pay additional contributions. For example, those persons entitled to reduced fees for medical care (medical card B) pay € 6.50 per visit to a general practitioner and € 8.50 per visit to a specialist, plus 50% of prescribed fees for laboratory, x-ray and other examinations. However, persons in receipt of public assistance and persons over the age of 65 are exempted from any additional contribution. Patients entitled to free-of-charge medical care make no contribution toward fees but do have to pay € 2.00 per visit at out-patients departments.

Active and retired civil servants, members of the police, members of the educational service, dependants of these groups, dependants of the armed forces personnel and certain other groups entitled to free-of-charge treatment pay € 6.83, € 10.25 and € 20.50 per inpatient day respectively for third, second and first class accommodation. Inpatients entitled to medical care at reduced fees pay 50% of the normal charges. Inpatients not entitled to any fee reduction pay € 71.76, € 102.52 and € 123.02 per inpatient day respectively for third, second and first class accommodation and € 205.03 for the intensive care unit.

Your right to healthcare benefits when moving within Europe

If you are staying or residing in another country of the European Union, Iceland, Liechtenstein, Norway or Switzerland, you and your family may benefit from the public healthcare services provided there. This does not necessarily mean that treatment will be free of charge; it depends on the national rules.

If you are planning a temporary stay (holidays, business trip, etc.) in another EU country, Iceland, Liechtenstein, Norway or Switzerland, apply for a European Health Insurance Card (EHIC) before leaving. Further information about the EHIC and how to apply for one is available at: <http://ehic.europa.eu>.

If you are planning to move permanently to another EU country, further information on your rights regarding healthcare is available at <http://ec.europa.eu/social-security-coordination>.



Chapter III: Sickness cash benefits

When are you entitled to sickness cash benefits?

Sickness benefit is paid to employed and self-employed persons aged between 16 and 63 who are incapacitated for work. Persons who do not satisfy the insurance conditions for entitlement to old-age pension at 63 are entitled to a benefit up to the required date, but never after the age of 65.

To satisfy the insurance conditions, a claimant must:

- have been insured for at least 26 weeks and, up to the date of incapacity, have paid basic insurance of not less than 26 times the weekly amount of basic insurable earnings (0.50 insurance point); and
- have paid and/or assimilated insurance over the relevant contribution year equal to at least 20 times the weekly amount of basic insurable earnings (0.39 insurance point).

To re-qualify for a benefit following exhaustion of entitlement, the insured must have paid contributions on earnings of not less than 26 times the weekly amount of basic insurable earnings (0.50 insurance point) after the date of exhaustion. In addition, a period of 13 working weeks from the date of exhaustion must have elapsed.

What is covered?

The weekly rate of benefit is equal to 60% of the weekly value of the insurance point at the basic insurance over the relevant contribution year, increased to 80%, 90% and 100% for one, two or three dependants respectively (maximum three dependants) plus 50% of the weekly value of the insurance point at the supplementary insurance over the relevant contribution year within the limit of the amount of the weekly basic insurable earnings. The spouse (male or female) is considered to be a dependant if he/she receives any salary or benefit at a rate lower than the increase for a dependant.

The benefit is not paid if the employee concerned receives full wages. If reduced wages are paid, the total of the benefit and the partial wage paid must not exceed the total wage.

The period for which sickness benefit is paid may never exceed 156 days for each period the employment is interrupted. In case the incapacity for work is not permanent, the period is extended up to 312 days, under some special conditions.

How are sickness cash benefits accessed?

Incapacity for work due to illness can be certified by a doctor from the first day of illness. During the period of illness the insured person may be subject to further examination by an approved social security doctor or by a medical board. An application form, together with the relevant certificates, must be submitted within 21 days after the sickness started. There is a waiting period of three days in the case of employed persons and nine days in the case of self-employed persons. Self-employed persons are treated in the same way as employed persons in the event of an accident or hospitalisation.



Your right to sickness cash benefits when moving within Europe

As a general rule, sickness benefits in cash (i.e. benefits normally intended to replace an income which is suspended due to sickness) are always paid according to the legislation of the country where you are insured, regardless of where you are residing or staying.*

When moving to another country of the European Union, Iceland, Liechtenstein, Norway or Switzerland, whenever certain conditions have to be fulfilled in order to become entitled to sickness benefits, the competent institution (i.e. institution in the country in which you are insured) must take account of periods of insurance, residence or employment that you have completed under the legislation of any of the above-mentioned countries. This thus guarantees that people will not lose their sickness insurance coverage when changing employment and moving to another state.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.



Chapter IV: Maternity and paternity benefits

When are you entitled to maternity or paternity benefits?

Maternity allowance is payable to any employed or self-employed woman for a period of 18 weeks beginning between the sixth and the second week before the expected week of confinement. The benefit is also payable for a period of 16 weeks to adoptive mothers of children aged under 12.

To satisfy the insurance conditions a claimant must:

- have been insured for at least 26 weeks and, up to the date of incapacity, have paid basic insurance of not less than 26 times the weekly amount of basic insurable earnings (0.50 insurance point); and
- have paid and/or assimilated insurance over the relevant contribution year equal to at least 20 times the weekly amount of basic insurable earnings (0.39 insurance point).

Additionally, a maternity grant is payable after the birth of each child if the mother, or her spouse, satisfies the insurance conditions.

What is covered?

Maternity allowance is a periodic benefit. It is paid to natural mothers for 18 weeks beginning between the sixth and second week before the expected week of confinement. Adoptive mothers receive the allowance 16 weeks from the week of adoption if a child is less than 12 years old. The weekly rate of maternity allowance is 75% of the weekly value of the insurance point at the basic insurance over the relevant contribution year increased to 80%, 90% and 100% for one, two or three dependants respectively (maximum three dependants) plus 75% of the weekly value of the insurance point at the supplementary insurance over the relevant contribution year. The allowance is not payable if a woman receives her full wages during the maternity allowance period. If reduced wages are paid, the amount of such wages and the benefits payable may not exceed the full wage.

The maternity grant is a lump-sum payment, the same for all women who are entitled to it, and since 9 July 2010 the amount for each child is equal to 6% of the yearly basic insurance point (€ 8,687 * 6% = € 521.22). The insurance conditions taken into consideration are either those of the claimant or her spouse.

How are maternity and paternity benefits accessed?

An application form, together with the relevant certificates, must be submitted within one year of birth to apply for the maternity grant, and within 21 days from the first day of entitlement to maternity allowance.

Your right to maternity and paternity benefits when moving within Europe

The coordination provisions cover maternity and equivalent paternity benefits. Whenever certain conditions have to be fulfilled in order to become entitled to benefits, the competent institution (i.e. institution in the country in which you are insured) must take account of periods of insurance, residence or employment completed under the



legislation of another country of the European Union, Iceland, Liechtenstein, Norway or Switzerland.

As a general rule, benefits in cash (i.e. benefits intended to replace suspended income) are always paid according to the legislation of the country where you are insured, regardless of where you are residing or staying*. Benefits in kind (i.e. medical care, medicines and hospitalisation) are provided according to the legislation of your country of residence as if you were insured there.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.



Chapter V: Invalidity benefits

When are you entitled to invalidity benefits?

The invalidity pension is paid to persons who have been incapacitated for work for at least 156 days and who will probably remain permanently incapacitated. That is, people who are incapable of earning, through an activity which they could in principle exercise under normal circumstances, more than one-third of the amount generally earned by a person in good health in the same profession or category and with the same level of education in the same field or, in the case of persons aged between 60 and 63, more than half of that sum.

A claimant must satisfy the following insurance conditions:

1. the claimant must have been insured for at least 156 weeks and have paid basic insurance up to the date of invalidity of not less than 156 times the weekly amount of basic insurable earnings (three insurance points at the basic insurance);
2. the number of insurance points of paid and assimilated basic insurance for the period between 5 October 1964 (or, if he/she reached the age of 16 after 5 October 1964, on the first day of the year in which he/she reached that age), or since 7 January 1957 where this is more profitable for the beneficiary, and the week before the week in which he/she becomes incapable, is equal to at least 25% of the years included in that period;
3. paid and/or assimilated insurance in the year preceding the year in which he/she becomes incapable or the average of such earnings in the preceding 2 years are at least 20 times the weekly amount of the basic insurable earnings (0.39 insurance point).

In the case of invalidity caused by an accident, the insured person is entitled to an invalidity pension if he/she satisfies the contribution conditions for sickness benefit.

Although only the contributions of employees and self-employed workers are taken into consideration for entitlements, voluntary contributions are also considered when assessing the pension rate. Invalidity benefit may be claimed until the age of 63 for both total or partial invalidity (no minimum age stated).

What is covered?

The invalidity pension is made up of the basic pension and the supplementary pension. If there is a total loss of earning capacity, a full invalidity pension is granted, assessed as follows:

- the basic weekly pension is 60% of the weekly value of the annual average of the insurance points of the paid and assimilated basic insurance, increased by to 80%, 90% and 100% for one, two or three dependants respectively. In the case of a married female beneficiary, there is no entitlement to an increase for her husband unless he is incapable of supporting himself. In the case where the claimant is not entitled to any increase for a spouse the increase for dependent children or other dependants is equal to 10% of the basic pension for each of them (maximum two dependants);
- the supplementary weekly pension is 1/52 of 1.5% of the total value of the insurance points of the supplementary insurance over the claimant's whole career plus the assimilated insurable earnings in the supplementary insurance between the date of invalidity and the age of 63.



When the loss of earnings is partial, the invalidity pension is reduced as a percentage of full pension, by an amount that is assessed against the loss of earning capacity as follows:

- 60% – 66,66% is entitled to 60% of full pension;
- 66,66% – 75% is entitled to 75%;
- 76% – 99% is entitled to 85%.

The basic part of the pension is increased to reflect the number of dependants. The scheme operates a minimum pension, which is:

- for a single person: € 85.20 per week (85% x 60% x € 167.05);
- for a person with one dependant: € 113.59 per week (85% x 80% x € 167.05);
- for a person with two dependants: € 127.79 per week (85% x 90% x € 167.05); and
- for a person with three dependants: € 141.99 per week (85% x 100% x € 167.05).

In cases of partial invalidity the respective amounts are also multiplied by the degree of invalidity. There is no statutory maximum pension. Beneficiaries also receive free medical treatment provided by Government hospitals and institutions.

How are invalidity benefits accessed?

Invalidity benefit must be applied for within three months of the occurrence.

Your right to invalidity benefits when moving within Europe

The competent institution of the country where you claim an invalidity pension will take account of periods of insurance or residence completed under the legislation of any other EU country, Iceland, Liechtenstein, Norway or Switzerland, if this is necessary for entitlement to invalidity benefits.

Invalidity benefits will be paid regardless of where you reside or stay in the European Union, Iceland, Liechtenstein, Norway or Switzerland.* Necessary administrative checks and medical examinations will normally be carried out by the competent institution in the country where you reside. Under some circumstances, you may be required to return to the country which is paying your pension for such examinations, if your state of health allows you to do so.

Each country applies its national criteria when determining degree of invalidity. Therefore, it may be the case that certain countries will consider a person to have a degree of invalidity of 70%, while others will not consider the same person to be invalid at all under their legislation. This is a result of the fact that the national social security systems are not harmonised, but only coordinated by the EU provisions.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.



Chapter VI: Old-age pensions and benefits

When are you entitled to old-age benefits?

Old-age pension

The pensionable age is set at 65. Under some special conditions a person would be entitled at the age of 63. For miners the pensionable age is 63. Miners who have at least five years employment are entitled to an old-age pension one month earlier than the normal pensionable age for each five months of work in a mine, provided they have retired from mining work, but they may not draw their pension before the age of 58. Otherwise, the law does not provide for early retirement.

To satisfy the insurance conditions, a claimant must:

for the period 6 October 1980-3 January 2010:

- have been insured for at least 156 weeks,
- have paid basic insurance up to the pensionable age equal to at least 156 times the weekly amount of basic insurable earnings (3 insurance points),
- the number of insurance points of paid and assimilated basic insurance for the period between 5 October 1964 (or, if he/she reached the age of 16 after 5 October 1964, on the first day of the year in which he/she reached that age), or since 7 January 1957 where this is more profitable for the beneficiary, and the week before the week which includes the day of entitlement, is equal to at least 25% of the years included in that period;

for the period 4 January 2010-2 January 2011:

- have been insured for at least 260 weeks,
- have paid basic insurance up to the pensionable age equal to at least 260 times the weekly amount of the basic insurable earnings (5 insurance points),
- the number of insurance points of paid and assimilated basic insurance for the period between 5 October 1964 (or, if he/she reached the age of 16 after 5 October 1964, on the first day of the year in which he/she reached that age), or since 7 January 1957 where this is more profitable for the beneficiary, and the week before the week which includes the day of entitlement, is equal to at least 30% of the years included in that period;

for the period 3 January 2011- 1 January 2012:

- have been insured for at least 364 weeks,
- have paid basic insurance up to the pensionable age equal to at least 364 times the weekly amount of the basic insurable earnings (7 insurance points),
- the number of insurance points of paid and assimilated basic insurance for the period between 5 October 1964 (or, if he/she reached the age of 16 after 5 October 1964, on the first day of the year in which he/she reached that age), or since 7 January 1957 where this is more profitable for the beneficiary, and the week before the week which includes the day of entitlement, is equal to at least 30% of the years included in that period;

from 2 January 2012:

- have been insured for at least 520 weeks,
- have paid basic insurance up to the pensionable age equal to at least 520 times the weekly amount of the basic insurable earnings (10 insurance points),
- the number of insurance points of paid and assimilated basic insurance for the period between 5 October 1964 (or, if he/she reached the age of 16 after 5 October 1964, on the first day of the year in which he/she reached that age), or since 7 January 1957 where this is more profitable for the beneficiary, and the week



before the week which includes the day of entitlement, is equal to at least 30% of the years included in that period.

For entitlement to arise at the age of 63, the claimant must either:

- have reached the age of 63, satisfy the relevant insurance conditions with the exception that the number of insurance points of paid and assimilated basic insurance for the period between 5 October 1964 (or, if he/she reached the age of 16 after 5 October 1964, on the first day of the year in which he/she reached that age), or since 7 January 1957 where this is more profitable for the beneficiary, and the week before the week which includes the day of entitlement, is equal to at least 70% of the years included in that period, or
- be entitled to an invalidity pension immediately before reaching the age of 63, or
- be between the ages of 63 and 65 and with an entitlement to an invalidity pension if he/she had not reached the age of 63.

Old-age lump sum

A person whose average paid and assimilated insurable earnings, as described above, is not at least equal to 25/30%, is entitled to a lump-sum payment at the age of 68 equal to 15% of the total amount of his/her insurable earnings (paid and assimilated). The lump sum is not payable if the person concerned is entitled to a social pension.

To satisfy the contribution conditions a claimant must:

for the period 6 October 1980-3 January 2010:

- have been insured for at least 156 weeks,
- have paid basic insurance up to the age of 68 equal to at least 156 times the weekly amount of the basic insurable earnings (3 insurance points);

for the period 4 January 2010-2 January 2011:

- have been insured for at least 208 weeks,
- have paid basic insurance up to the age of 68 equal to at least 208 times the weekly amount of the basic insurable earnings (4 insurance points);

for the period 3 January 2011-1 January 2012:

- have been insured for at least 260 weeks,
- have paid basic insurance up to the age of 68 equal to at least 260 times the weekly amount of the basic insurable earnings (5 insurance points);

from 2 January 2012:

- been insured for at least 312 weeks,
- have paid basic insurance up to the age of 68 equal to at least 312 times the weekly amount of the basic insurable earnings (6 insurance points).

Other benefits

A special allowance is provided to all pensioners for the purpose of increasing the amount of their pensions. Since 1 December 2009, there have not been any new beneficiaries, as the 'Scheme for supporting pensioners' households with low income' by the Grants and Benefits Service, is fully implemented.

Moreover, a social pension is provided to persons residing in Cyprus, when they reach the age of 65, provided that they satisfy prescribed residence conditions, and are not entitled to a pension from any other source if the amount is higher than the amount of social pension. If the pension or similar payment received is less than the amount of the social pension, then the person may receive the difference between the two amounts.

What is covered?



As in the case of the invalidity pension, the old-age pension is made up of the basic pension and the supplementary pension. The basic weekly rate is 60% of the weekly value of the annual average of the insurance points in the paid and assimilated basic insurance, increased by 80%, 90% and 100% for one, two or three dependants respectively. In the case of a married female beneficiary, there is no entitlement to an increase for her husband unless he is incapable of supporting himself. In the case where a claimant is not entitled to any increase for a spouse, the increase for dependent children or other dependants is equal to ten% of the basic pension for each of them (maximum two dependants).

The supplementary weekly pension is 1/52 of 1.5% of the total value of the insurance points of the paid and assimilated supplementary insurance over the claimant's whole career.

Any pensioner who has paid contributions on insurable earnings between the date of entitlement to a pension and the age of 65, is entitled to a weekly increase of his/her pension equal to 1/52 of 1.5% of these insurable earnings.

Any person entitled to the old-age pension may request postponement of the start of payment of the pension until the age of 68. In this case, the amount of the old-age pension is increased by 0.5% for each month worked between the month of postponement and the month of the beginning of the pension. (A corresponding increase will be granted in the case of a widows' pension.)

The minimum old-age pension is 85% of the full basic pension. It stands at:

- for a single person: € 85.20 per week (85% x 60% x € 167.05);
- for a person with one dependant: € 113.59 per week (85% x 80% x € 167.05);
- for a person with two dependants: € 127.79 per week (85% x 90% x € 167.05); and
- for a person with three dependants: € 141.99 per week (85% x 100% x € 167.05).

How are old-age benefits accessed?

An application form, together with the relevant original certificates, must be submitted within three months of retirement from work.

Your right to old-age benefits when moving within Europe

The EU provisions for old-age pensions exclusively concern state pension schemes and not company, occupational or private ones. They guarantee that:

- In each EU country (plus Iceland, Liechtenstein, Norway and Switzerland) where you have been insured, your insurance record is preserved until you reach the pensionable age in that country.
- Every EU country (plus Iceland, Liechtenstein, Norway and Switzerland) where you have been insured will have to pay an old-age pension when you reach the pensionable age. The amount you will receive from each of the Member States will depend on the length of your insurance coverage in each state.
- Your pension will be paid wherever you reside in the EU (plus Iceland, Liechtenstein, Norway and Switzerland).*

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.



You should submit your claim to the pension insurance institution of the EU country (or Iceland, Liechtenstein, Norway or Switzerland) in which you live, unless you have never worked there. If this is the case, you should apply to the country where you last worked.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.



Chapter VII: Survivors' benefits

When are you entitled to survivors' benefits?

Widows' pension

A widows' pension is payable to the widow, and under certain conditions the widower, of a person who on his/her death satisfied the relevant insurance conditions.

The insurance conditions for widows' pension are the following:

- for claimants whose spouse has died at or after the pensionable age the conditions are the same as for [old-age pension](#);
- for claimants whose spouse has died before the pensionable age the conditions are the same as the conditions one (1) and two (2) in [invalidity pension](#);
- for claimants whose spouse died due to an accident, the widow is entitled to a pension if the insurance conditions for the funeral grant are satisfied.

Orphans' benefit

The orphans' benefit is payable to a minor:

1. whose parents have both died or whose parents were separated and the parent under whose care he/she was has died. One of the parents must have been insured.
2. whose one parent has died and the surviving parent is not entitled to a widowers'/widows' pension;
3. whose parent who was a widow/widower and was receiving a widows'/widowers' pension has remarried.

In the last two cases, the deceased parent must satisfy the contribution conditions for the widows'/widowers' pension.

Death benefit

See [Chapter VIII](#).

What is covered?

Widows' pension

As in the case of the old-age pension, the widows' pension comprises the basic pension and the supplementary pension.

The basic weekly pension is 60% of the weekly value of the annual average of the insurance points in the paid and assimilated basic insurance, increased by 80%, 90% and 100% for one, two or three dependants respectively. The supplementary pension in the case of a widow whose husband was not in receipt of an old-age pension is 60% of the supplementary invalidity pension to which the deceased would have been entitled on his death if he was considered as an invalid on that date, or in the case of a widow whose husband was receiving an old-age pension, 60% of the supplementary old-age pension paid to the deceased.

A lump sum is payable to a widow if the insurance conditions are not met. In case the deceased did not reach the pensionable age, the lump-sum is payable if the deceased had paid basic insurance equal to at least 156 times the weekly basic insurable earnings (at least three insurance points). In case the deceased was receiving an old-age pension or would have received one if had applied for such pension, the insurance condition is the



same as for the old-age lump-sum. This payment is 15% of the total value of insurance points of the paid and assimilated basic insurance and 9% of the value of insurance points at the supplementary insurance. If she remarries, the widow is entitled to a lump-sum payment equal to one year's pension with no increase for dependants.

The maximum benefits rates for a widows' basic pension is 100% of the basic insurance in the case of a claim with three dependants. There is no statutory maximum pension for the supplementary pension.

Orphans' benefit

In case (1) above, the orphans' benefit is composed of the basic benefit and the supplementary benefit:

- the weekly basic orphans' benefit is 40% of the weekly amount of basic insurable earnings for each orphan;
- the weekly supplementary benefit is 50% of the supplementary widows' pension which was paid or would have been paid in the case of one orphan and 100% in the case of two or more orphans.

In cases (2) and (3) above, the weekly orphans' benefit is 20% of the weekly amount of basic insurable earnings for each orphan and it is payable up to three orphans.

The orphans' benefit is paid up to the age of 15 or up to 23 in the case of a female in full-time education and up to 25 years in the case of a male in full-time education or in military service. There is no age limit for orphans permanently incapable of supporting themselves. A lump sum up to one year's benefit is paid to an orphan on termination of his/her entitlement other than by death before the age of 17.

For orphans having lost one parent, the basic pension is € 33.41 per week for each child up to three. For orphans having lost both parents, the basic pension of 40% of basic insurable earnings amounts to € 66.82 per week for each orphan. The supplementary pension for more than two orphans cannot exceed the amount of the supplementary widow's pension.

Funeral grant

The funeral grant is payable for the death of:

- any person receiving old-age, invalidity, widows'/widowers' pension, death benefit or a missing person's allowance;
- any orphan receiving orphans' benefit;
- any person whose death is caused by an accident at work or occupational disease;
- any person who satisfies the specified contribution conditions at the time of death. The contribution conditions are the same as for the marriage grant.
- any person who is a dependant of an insured person who satisfies the contribution conditions or of a pensioner.

The funeral grant is a lump-sum payment which is equal to 8% of the yearly basic insurance point (€ 8,687 *8% = € 694.96). In case of death of a dependant of a pensioner, the lump-sum equals half of that amount (€ 347.48).

How are survivors' benefits accessed?

An application form, together with the relevant certificates, must be submitted within three months for a widows' pension and an orphans' benefit, and within one year for a funeral grant.



Your right to survivors' benefits when moving within Europe

In general, the rules which apply to pensions for surviving spouses or orphans and death grants are the same as the ones applying to invalidity and old-age pensions (see chapters V and VI). Namely, survivors' pensions and death grants have to be paid without any reduction, modification or suspension regardless of where the surviving spouse resides in the European Union, Iceland, Liechtenstein, Norway or Switzerland*.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.



Chapter VIII: Benefits in respect of accidents at work and occupational diseases

When are you entitled to benefits in respect of accidents at work and occupational diseases?

The benefits for accidents at work and occupational diseases are as follows:

Temporary incapacity (injury benefit)

The benefit for temporary incapacity is paid to any employed person who is incapable of working as a result of an accident at work or occupational disease for a maximum of 12 months from the date of the accident or contraction of the disease.

Disablement benefit

The disablement benefit is payable to any employed person who, as a result of an accident at work, suffers a loss of physical or mental faculties to a degree of not less than 10%, except in the case of pneumoconiosis, which is compensated from a degree of 1%.

Disablement benefit takes the form of a lump sum (disablement grant) or a pension, depending on the degree of disability. The former is paid for disability between 10% and 19%, and the latter for disability of 20% and above (no benefit is payable for disability below 10%).

Death benefit

Death benefit is paid to the survivors of an employed person who died as a result of an accident at work. The benefit includes the widows'/widowers' pension, the orphans' benefit and the parental allowance.

What is covered?

The rate of benefit for temporary incapacity (injury benefit) is the same as for sickness benefit, except that the minimum benefit paid for persons whose earnings are below basic insurable earnings is that corresponding to such earnings.

The disablement pension consists of the basic pension and the supplementary pension and is paid at the rate of:

- the weekly basic disablement pension for 100% disability is 60% of the weekly amount of basic insurable earnings, increased by 80%, 90% and 100% for one, two or three dependants respectively;
- the weekly supplementary pension is 60% of the weekly value of the yearly average insurance points of the paid and assimilated supplementary insurance in the period beginning on the first day of the second year before the year in which the accident occurred and ending on the day of the accident. The disablement pension for less than 100% disability is proportional to the percentage. However, if the disability renders the person concerned permanently incapable of work, the degree of the disablement pension is accordingly increased to 75%, 85% and 100% as in the case of invalidity pension.

An allowance for constant care is payable for beneficiaries of a disability pension requiring constant care. It is equal to 55% of the basic disablement pension for 100% disability. The monthly allowance for 2011 is € 220.51.



The disablement grant is an amount equal to 7 times the yearly amount of disablement pension for 100% disability (without any increase for dependants), multiplied by the percentage of the degree of disability. An example of a disablement grant with a 10% degree of disability for 2011 is: € 400.92*13 (yearly amount)*7*10% = € 3,648.37.

How are benefits in respect of accidents at work and occupational diseases accessed?

An application form, together with the relevant certificates, must be submitted within one year for funeral allowance.

Your right to benefits in respect of accidents at work and occupational diseases when moving within Europe

The EU provisions on benefits in respect of accidents at work or occupational diseases are very similar to the provisions on sickness benefits (see sections II and III). Within the European Union, Iceland, Liechtenstein, Norway or Switzerland, if you reside or stay in a country other than in the one in which you are insured against accidents at work and occupational diseases, you are normally entitled to receive healthcare there in respect of an accident at work or an occupational disease; benefits in cash will normally be paid by the institution by which you are insured, even if you reside or stay in another country.*

Whenever certain conditions have to be fulfilled in order to become entitled to benefits in respect of accidents at work or occupational diseases, the institution where you are insured must take account of periods of insurance, residence or employment that you have completed under the legislation of other countries of the European Union, plus Iceland, Liechtenstein, Norway or Switzerland. This guarantees that people will not lose their insurance coverage when changing employment and moving to another country.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

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Chapter IX: Family benefits

When are you entitled to family benefits?

All families whose habitual place of residence is in Cyprus with at least one resident child are entitled to a basic benefit provided that they are living together.

Families with unmarried children living at home are entitled to benefit in the following cases:

- up to the age of 18;
- between 18 and 25 for men while serving in the National Guard and attending full-time education;
- between 18 and 23 for women while attending full-time education;
- irrespective of their age, if they are incapable of supporting themselves due to physical or mental disability.

A supplementary benefit is also granted to families on the basis of their gross income.

What is covered?

For families with one child the basic benefit is € 421.29 per year. A supplementary benefit of € 105.33 per year is payable to families with an annual income of up to € 19,500; and of € 52.67 per year for families with an annual income between € 19,500 and € 39,000.

Families with two children receive a basic benefit of € 842.61 per year. A supplementary benefit of € 421.29 per year is available for families with an annual income up to € 19,500. Families with annual income between € 19,500 and € 39,000 can receive an extra € 315.97 per year.

Families with three children receive a basic benefit of € 70.21 per child and per month. Moreover, they receive a supplementary benefit of € 26.33 per child and per month if their annual income is less than € 19,500, and of € 21.94 per child and per month if their annual income is between € 19,500 and € 39,000.

Families with four and more children receive a basic benefit of € 115.86 per child and per month. The supplementary benefit in this case amounts to € 39.00 per child and per month for families with an annual income up to € 19,500, and € 24.14 per child and per month for families with an annual income between € 19,500 and € 39,000.

How are family benefits accessed?

To receive child benefit, the family must submit an initial application, which is valid for each child under 18, in the three months following the birth of the child or after entitlement. Students and soldiers aged over 18 must submit the relevant documents. For the supplementary benefit the family must submit an application every year.

The child benefit is paid monthly to families with three or more children and annually at the end of the year to families with one or two children. The rate of the benefit depends on the number of children per family.



Your right to family benefits when moving within Europe

Characteristics and amounts of family benefits vary considerably from one state to another.* It is therefore important for you to know which state is responsible for providing you with these benefits and what the conditions to entitlement are. You can find the general principles for determining the competent legislation at <http://ec.europa.eu/social/main.jsp?catId=849&langId=en>.

The country which is responsible for paying family benefits must take into account periods of insurance completed under the legislation of any other countries of the European Union, plus Iceland, Liechtenstein, Norway or Switzerland, if this is necessary to satisfy the conditions governing entitlement to the benefit.

If a family is entitled to benefits under the legislation of more than one country, they will, in principle, receive the highest amount of benefits provided for under the legislation of one of these countries. In other words, the family is treated as if all persons concerned resided and were insured in the state with the most favourable legislation.

Family benefits may not be paid twice over the same period and for the same family member. There are priority rules which provide for the suspension of benefits from one country up to the amount of those paid by the country which is primarily competent for payment.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

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Chapter X: Unemployment

When are you entitled to unemployment benefits?

Unemployment benefit is payable to employed persons between the ages of 16 and 63 for involuntary unemployment. Persons who do not satisfy the insurance conditions for the old-age pension at the age of 63 are entitled to draw benefit up to the required date, but in no case after the age of 65. Self-employed persons are not entitled to unemployment benefit.

A claimant must satisfy the following insurance conditions:

- have been insured for at least 26 weeks and, up to the date of unemployment, have paid basic insurance of not less than 26 times the weekly amount of basic insurable earnings (0.50 insurance point); and
- have paid and/or assimilated insurance over the relevant contribution year equal to at least 20 times the weekly amount of basic insurable earnings (0.39 insurance point).

In order to re-qualify for a benefit (after exhaustion of the right), the person concerned must have paid contributions on earnings of at least 26 times the weekly amount of basic insurable earnings (0.50 insurance point) after the date of exhaustion. A period of 26 working weeks must also have elapsed from the date of exhaustion.

Persons over the age of 60, who do not receive any pension under an occupational scheme or a lump-sum benefit from a Provident Fund, re-qualify for unemployment benefit after exhaustion of their rights under the same conditions as for requalification for sickness benefit (13 working weeks instead of 26 after exhaustion date).

What is covered?

The period during which unemployment benefit is payable shall not exceed 156 days for each period of unemployment.

The weekly rate of unemployment benefit is the same as that of sickness benefit and is calculated in the same way. It is equal to 60% of the weekly value of the insurance point at the basic insurance over the relevant contribution year increased to 80%, 90% and 100% for one, two or three dependants respectively (maximum three dependants) plus 50% of the weekly value of the insurance point at the supplementary insurance over the relevant contribution year within the limit of the weekly basic insurable earnings. The spouse (male or female) is considered to be a dependant if he/she receives any salary or benefit at a rate lower than the increase for a dependant. Where the two spouses are entitled to a benefit for the same period, the increase for dependants is only paid to the spouse who is entitled to an increase of benefit at a higher rate.

How are unemployment benefits accessed?

It is mandatory to be registered as jobseeker at a local government employment office and subsequently also at the local Social Insurance Services office in order to apply for the benefit. There is a waiting period of three days, except in the case of persons working abroad in the service of a Cypriot employer, where the waiting period is 30 days.



Your right to unemployment benefits when moving within Europe

Normally, the Member State in which you are employed is the one responsible for granting unemployment benefits. Special provisions apply to frontier workers and other cross-border workers who have maintained their residence in a Member State other than the one in which they work.

Periods of insurance or employment completed in other countries of the European Union, Iceland, Liechtenstein, Norway or Switzerland, may be used to fulfil the contribution conditions.

If you want to look for a job in a different country of the European Union, Iceland, Liechtenstein, Norway or Switzerland, you may under certain conditions export these benefits for a limited period of time.*

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.



Chapter XI: Minimum resources

When are you entitled to benefits regarding minimum resources?

Public Assistance and Services Law

This Law aims to ensure a socially acceptable minimum standard of living for persons (and families) legally residing in the Republic of Cyprus, subject to eligibility criteria. In particular, any person whose income and other economic resources are insufficient to meet his/her basic and special needs, as defined in the legislation, may apply for public assistance, which may be provided in the form of monetary support and/or services.

Entitlement to benefits is granted on the basis of a subjective right; the claimant is guaranteed entitlement to the benefit if he/she satisfies all the conditions laid down by law.

The scheme is non-contributory as it is not calculated based on the contributions paid by employers, employees or insured persons.

Social Pension Law

The aim of this Law is to provide a minimum income for persons residing in Cyprus who have reached the age of 65 and who are not entitled to a pension or other similar income from any source, and who satisfy the residence conditions as provided for by the law. These conditions are:

- to have resided legally in Cyprus for at least 20 years from the date on which the applicant reached the age of 40; or
- to have resided legally in Cyprus for at least 35 years from the date on which the applicant reached the age of 18.

Under the principle of aggregation, the competent institution must take account of periods of residence completed under the legislation of other Member States of the European Union. The social pension is not exported.

Scheme for supporting pensioners' households with low income

This is a cash benefit scheme addressed to pensioners' households whose total annual income is below the poverty threshold.

Severe motor disability allowance

The severe motor disability allowance is paid to persons aged over 12 who have a severe motor disability and are wheelchair-bound, provided that they became disabled when they were under the age of 65.

Special subsidy for the blind

Blind persons residing permanently in Cyprus may receive a special subsidy provided that the visual acuity of one or other eye with correction does not exceed 6/60. Beneficiaries must be permanent residents of the Republic of Cyprus. The aim of the subsidy is to help beneficiaries meet the special needs resulting from their disability (for example, the purchase of special aids, or adaptation of their house to improve their living conditions).

What is covered?

Public Assistance and Services Law



The nature of the benefit of public assistance is differential in that it varies according to the applicant's income. As the applicant's income increases, the amount of benefit decreases so as to ensure that the recipient conforms to the minimum standards set. The total amount received by the claimant varies according to the number of dependent persons, special needs (i.e. care, rent, special diet and special needs) and the applicant's income.

Social Pension Law

The Social Pension Law aims at providing a pension to persons aged 65 or more who are not entitled to a pension or other similar payment from any other source. If an applicant is entitled to a pension from another source which is lower than the social pension, he/she is entitled to payment of the difference between the two pensions. The amount of the social pension is the same for all persons receiving it, and is € 325.24 per month, payable for 13 months.

Scheme for supporting pensioners' households with low income

The scheme tops up pensioners' household income to the poverty threshold. The sum of the grant given under the scheme and the total household income should not exceed this threshold. Income earned by all household members is taken into account. Household members include spouses, children and any other person living under the same roof.

Severe motor disability allowance

The amount of the **severe motor disability allowance** is the same for all persons receiving it, and stands at € 319 monthly (under the Department for Social Inclusion of Persons with Disabilities).

Special subsidy for the blind

The **special subsidy for the blind** amounts to € 3,588.24 per year (in 12 equal monthly instalments).

How are minimum resources benefits accessed?

Public Assistance and Services Law

The Public Assistance and Services Law is managed by the Social Welfare Services. The person concerned may apply to the Local Welfare Offices for public assistance. The application will be processed by a Social Service Officer, who will first check the correct completion of the application and whether the applicant submitted all the necessary documentation. The applicant will be notified if the application is not complete. If the application is correct, the Officer will visit the applicant at his/her house and perform a socio-economic analysis of the situation of the applicant and his/her family, describing the needs etc. In parallel the Officer will investigate his/her financial situation (through credit institutions, national property agencies etc.) to verify the validity of his/her economic situation. If the person finds him- or herself in this situation because of unemployment and no other circumstances exist (such as health problems) then the applicant must provide justification that he/she is searching for work and that he/she is registered with the Department of Labour. Before the final granting of public assistance the officer will also check whether he/she receives any social insurance benefits which are to be deducted from the public assistance.

Social Pension Law

The Social Pension Law is managed by the Social Insurance Services of the Ministry of Labour and Social Insurance. It is necessary to fill in an application form accompanied by the necessary certificates. If the application is accepted, an annual certificate is sent to the beneficiary by means of which he/she must inform the Services of any relevant



change in circumstances. The application is processed by the local and district Social Insurance Services offices.

Scheme for supporting pensioners' households with low income

For entitlement to the scheme for supporting pensioners' households with low income, the person has to fill in an application accompanied by the necessary certificates. For households composed of persons below the age of 70, the application must be submitted each year.

Severe motor disability allowance

The scheme for the severe motor disability allowance is managed by the Department for Social Inclusion of Persons with Disabilities, which is under the Ministry of Labour and Social Insurance.

Special subsidy for the blind

The Grants and Benefits Service of the Ministry of Finance is responsible for the legislation on the special subsidy for the blind.

Your right to minimum resources benefits when moving within Europe

Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.

EU coordination rules apply only to social security, not to social assistance benefits.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.



Chapter XII: Long-term care

When are you entitled to long-term care?

All persons legally residing in Cyprus are entitled to long-term care if their resources are not sufficient to meet their special needs for care. The system of long-term care is based upon need and it is not compulsory. Only persons entitled to public assistance may be entitled to free-of-charge long-term care (i.e. older persons, persons with disabilities, dysfunctional families). No qualifying period is required. The evaluation of care dependency is based on the individual needs of a claimant in cooperation with a welfare officer who assesses and develops a personal care plan (e.g. type of care, frequency) according to the relevant legislation.

When evaluating the care dependency of a claimant the following elements are taken into consideration:

- the degree of disability and functionality, i.e. the ability of the claimant to cover his/her personal needs (personal hygiene, house cleaning, cooking, visits to doctors, etc);
- the existence or not of a family network;
- the choice of the claimant for the type of care needed.

The frequency of re-assessment depends on the particular needs of the beneficiaries. The welfare officer responsible for re-assessment takes into account the particular situation of each beneficiary, medical reports and the frequency of required services.

Public assistance is not granted in the following cases:

- having assets or savings amounting to more than € 3,417 for one individual and € 1,709 for every dependant. The whole family should not have assets or savings amounting to more than € 8,543 in total. The claimant's own house, where he/she lives, is exempted;
- in a case where the applicant transferred assets to other individuals worth more than € 17,086;
- in a case where an applicant owns property other than the house he/she is living in;
- in a case where an applicant's house can be used in a way that could increase his income.

Some categories of income and assets are excluded.

What is covered?

Both in-kind and cash benefits are provided for long-term care. The claimant can choose the type of care (in cash and/or in kind) he/she needs. The frequency of home care or day care or the need for residential care is based upon individual needs. Care services include home care, day care, residential care and tele-care, and may be provided by the government, by non-governmental organisations and by the private sector (private for-profit enterprises).

Informal care is mainly provided by spouses/partners, other members of the household and relatives and neighbours. Private home carers (including family members) can be compensated (in part or in full) by the State. In the case of informal caregivers, a contract is signed between the Social Welfare Services, the person in need and the caregiver.



Another category are the 'home helpers' who can be any person legally residing in Cyprus. The majority of such helpers are third-country nationals. Home helpers are employed under the terms of a contract with the person in need of home care. The Social Welfare Services pay the salary and the social insurance contributions, but the contract remains between the home helper and the individual.

How is long-term care accessed?

Cyprus does not operate a separate long-term care scheme; long-term care is organised centrally by the Social Welfare Services. Services are delivered through six District Welfare Offices throughout Cyprus. It is provided through the Public Assistance and Services legislation and is based on a philosophy of social assistance (need-based entitlement). Long-term care is financed by the State budget. In addition, long-term care programmes are also implemented at local level by non-governmental organisations.

Your right to long-term care when moving within Europe

Long-term care benefits also fall under EU social security coordination rules, in the same way as sickness benefits. Long-term care benefits in cash are paid according to the legislation of the state where you are insured, regardless of which state you are residing or staying in.*

Long-term care benefits in kind are provided according to the legislation of the state in which you reside or stay as if you were insured in that state.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.



Annex I: Useful addresses and websites

For social security issues concerning more than one EU country, you may search for a contact institution in Europe on the Institutions' directory maintained by the European Commission and available at: <http://ec.europa.eu/social-security-directory>

Social Insurance Services
(Υπηρεσίες Κοινωνικών Ασφαλίσεων)
Head Office
Lord Byron Avenue 7
1465 Nicosia
<http://www.mlsi.gov.cy/sid>
E-mail: sfloridou@sid.mlsi.gov.cy
apsara@sid.mlsi.gov.cy

Social Insurance Services
European Union and International Relations Section
7 Lord Byron Avenue
1465 Nicosia
Cyprus
Tel. +357 22401809 or +357 22401670
Fax +357 22401664
E-mail: interrel@sid.mlsi.gov.cy
<http://www.mlsi.gov.cy/sid>

Social Welfare Services
(Υπηρεσίες Κοινωνικής Ευημερίας)
63 Prodromou
1468 Nicosia
<http://www.mlsi.gov.cy/sws>
E-mail: gantoniou@sws.mlsi.gov.cy

Department for Social Inclusion of Persons with Disabilities
(Τμήμα Κοινωνικής Ενσωμάτωσης Ατόμων με Αναπηρίες)
1430 Nicosia
<http://www.mlsi.gov.cy/dsid>
E-mail: mfiti@dsid.mlsi.gov.cy

Grants and Benefits Service
(Υπηρεσία Χορηγιών και Επιδομάτων)
1489 Nicosia
<http://www.mof.gov.cy>
E-mail: grants@mof.gov.cy

Ministry of Health
10 Markou Drakou
1040 Nicosia
<http://www.moh.gov.cy>
E-mail: emakrigiorgi@moh.gov.cy



Ministry of Health
Patient Mobility Section
10 Markou Drakou Street,
1448 Nicosia
Cyprus
Tel. +357 2240 020-7, +357 2230 535-4, +357 2240 019-6
Fax +357 2230 534-6
E-mail: tpieri@moh.gov.cy
www.moh.gov.cy

Ministry of Finance
Grants and Benefits Service
1489 Nicosia
Cyprus
Tel. +357 2280 400-0, +357 2280 405-0, +357 2280 405-4, +357 2280 402-0
Fax +357 2266 805-6
E-mail: grants@mof.gov.cy
www.mof.gov.cy



Annex II: Special non-contributory cash benefits

Some social security benefits, referred to as special non-contributory cash benefits¹, are provided exclusively in the country where the person concerned resides. It is therefore not possible to "export" these cash benefits when moving to another country in Europe, even if you are still insured in Cyprus.

The special non-contributory benefits listed for Cyprus are:

- Social Pension (Social Pension Law of 1995 (Law 25(I)/95), as amended);
- Severe motor disability allowance (Council of Ministers' Decisions Nos 38210 of 16 October 1992, 41370 of 1 August 1994, 46183 of 11 June 1997 and 53675 of 16 May 2001);
- Special grant to blind persons (Special Grants Law of 1996 (Law 77(I)/96), as amended).

¹ In Annex X of Regulation (EC) No 883/2004 as amended by Regulation (EC) No 988/2009.