

REPORT

for the period of July 1, 2011 to June 30, 2016
by the Government of the Republic of Estonia on measures implementing the provisions
of the European Code of Social Security signed by the Government of Estonia on
January 24, 2000.

I. The provisions of the Code are connected with the following legal acts in Estonian social security system.

Acts:

- 1) [Health Insurance Act](#) – parts II, III, VIII;
- 2) [State Pension Insurance Act](#) – parts V, IX, X;
- 3) [Labour Market Services and Benefits Act](#) – part IV;
- 4) [Unemployment Insurance Act](#) – part IV;
- 5) [State Family Benefits Act](#) – part VII;
- 6) [Social Tax Act](#) – parts II, III, V, VII, IX, X;
- 7) [Parental Benefit Act](#) – part VII;
- 8) [Administrative Procedure Act](#) – part XII.

The legislation can be accessed in Estonian and English at www.riigiteataja.ee.

INTRODUCTORY EXPLANATIONS TO THE REPORT AND REPLIES TO THE COMMITTEE OF EXPERTS QUESTIONS

1. Calculation of gross hourly wage and monthly wage of unskilled male worker working in processing industry

Calculation of gross hourly wage and monthly wage of unskilled male worker working in processing industry in 2015

Calculation was based on the data of Statistics Estonia on wages and salary statistics:

- 1) Average gross hourly wage of full-time and part-time employees by gender, occupation and area of activity (according to the Classification of Economic Activities (EMTAK) 2008), October (table **PA634**) (see the table below).

The aforementioned source has been the basis for the data on the **gross hourly wage of male workers** by occupations and areas of activity and by average indicators of the areas of activity and unskilled workers in 2014. According to this calculation, a gross hourly salary of a male worker working in processing industry was 6.35 euros and a **gross hourly salary of an unskilled male worker** was 4.45 euros, i.e. 70% of the average indicator of the same area of activity (see the table). It is essentially higher than the percentage used until 2014 (61.4)¹, which was also calculated and was based on *the data on gross hourly wage of full-time and part-time employees in October by gender and occupation of a worker (including unskilled male worker) (table PA703) and the data on gross hourly wage of full-time and part-time employees in October by gender and area of activity (including male worker in processing industry) (table PA704).*

As there are no relevant data available about 2015, the same percentage was used also in the calculation of a gross hourly wage of unskilled male worker in 2015.

PA634: AVERAGE GROSS HOURLY WAGE OF FULL-TIME AND PART-TIME EMPLOYEES BY GENDER, OCCUPATION AND AREA OF ACTIVITY (ACCORDING TO THE CLASSIFICATION OF ECONOMIC ACTIVITIES (EMTAK) 2008), OCTOBER

	MEN:	
	Areas of activity in total	including processing industry
Year 2010		
Main group of occupation	5.44	5.19
unskilled workers	3.08	3.3
Year 2014		
Main group of occupation	6.43	6.35
unskilled workers	4.1	4.45
Unskilled workers in % of main group of occupation	63.76	70.08

- 2) Data on wage differences based on sex in October for average gross hourly wage of male workers in processing industry (PA5335), pursuant to which a gross hourly wage was 6.94 euros in 2015). According to these data, a gross hourly wage of unskilled male workers in processing industry is 4.86 euros (70% of the gross hourly wage of male workers in processing industry). This is 20% higher than

¹ *The percentage used until 2014 was calculated on the basis of the data for the period of 2005-2008 on gross hourly wage of full-time and part-time employees in October by gender and occupation of a worker (including unskilled male worker) (table PA703) and the data on gross hourly wage of full-time and part-time employees in October by gender and area of activity (including male worker in processing industry) (table PA704).*

the calculated hourly salary of unskilled male worker submitted in the report of 2014 (4 euros and 05 cents).²

- 3) The average gross and net monthly wages are calculated on the basis of the calculated number of working hours per month.
Number of the working hours per month are calculated based on the following sources: average gross and net monthly wages by main area of activity (PA5211 according to EMTAK 2008) and average gross hourly wage by main area of activity (PA5212 according to EMTAK 2008).

2. Specification on population number

Statistics Estonia has recalculated the population numbers of 2000-2013 on the basis of the 2011 census data. In the submitted data, a new population number has been used for the period of 2011-2013.

3. Method for determining reference salary used for calculation of benefit

In its conclusions to the Estonian tenth report The Committee of Experts points out that the statistics of the Social Insurance Board (SIB) on the average income of the insured persons subject to social tax, which is used upon calculation of the replacement rate of sickness, unemployment and maternal benefit, does not correspond to the definition of “salary” and is far below than the average gross monthly salary published by Statistics Estonia. Estonia is of the opinion that although the income subject to social tax does not, in fact, correspond to the definition of “salary”, it is more suitable than the average gross monthly salary published by Statistics Estonia upon calculation of the replacement rate of the above-mentioned benefits for the following reasons:

1. Upon collection of salary statistics of Statistics Estonia, only the data of salaried employees are taken into account. Thus, all the persons who do not belong to this category, but whose income is subject to social tax and who are entitled to receive the above-mentioned benefits, are excluded from this statistics. However, the indicator of the Social Insurance Board includes all the insured persons (100% coverage).
2. Statistics Estonia collects salary data from all the companies and organisations with 50 and more employees. The survey includes 7-12% of small enterprises where one third of the employees are the salaried employees. As the average salary level is lower in small enterprises than in the comprehensively surveyed part, the impact of the comprehensively surveyed part is bigger on the formation of the amount of gross salary.
3. The amount of sickness, unemployment and maternal benefit is calculated on the basis of the data on the personalised social tax. Thus, the indicator of the Social Insurance Board is better suited for reference salary also because of its definition.

In conclusion, the average gross monthly salary published by Statistics Estonia is higher than the actual average income subject to social tax (which takes into account all the insured persons) because of the methodological restrictions made by Statistics Estonia upon collection of initial data. Therefore, the average gross monthly salary calculated on the basis of the Social Insurance Board data is more accurate and suitable upon determining reference salary.

4. Selection of Article of the Code for calculation of the amounts of old age, invalidity and survivor's pensions

Upon calculation of the amounts of old age, invalidity and survivor's pensions, the State makes a choice between using Article 65 or 66 depending on the method for calculation of the amount of benefit. Article 65 is implemented, if the amount of benefit depends on previous income, Article 66 is implemented in case of fixed (flat-rate) benefits. If the amount of pension consists of both the fixed and insurance parts, the Article is chosen on the basis of which part of the pension (the fixed or insurance part) is bigger.

In Estonia, a state pension consists of three components – the base amount, a part calculated on the basis of years of pensionable service (until 1999) and an insurance part (as of 1999). Only the insurance part depends on the previous income, a part calculated on the basis of years of pensionable service is not in any way related to the person's income.

²On the basis of the 2014 data of Statistics Estonia on gross hourly wage of unskilled male worker in processing industry (4.45 euros), new calculations have been made in the report with regard to 2014.

According to the pension formula in force in Estonia, the amount of state pension was structured as follows in 2015:

base part 144.2585 € + value of a year of pensionable service 5.245 € * (number of years of pensionable service + sum of insurance components)

According to the data of the competent administration (Social Insurance Board), the average number of years of pensionable service was 38.32 years and the average sum of insurance components was 6.12.

Thus, the amount of average pension in 2015 was:

$$144,2585\text{€} + 5,245\text{€} * 38,32 + 5,245 * 6,12 = 377,67\text{€}$$

However, the part depending on income constituted thereof $5.245\text{€} * 6.12 = 32,1\text{€}$, i.e. only 8.5% of the pension.

If we calculate the proportion of the pension part depending on income of the pension of a standard recipient of benefit (a man with 30 years of pensionable service with a woman in the old-age pension age), we will get the following picture:

According to the last year report (page 13), in 2014, the pension of a standard recipient of benefit was **283.83€+148.98€ = 432.81€**, including:

Man's pension: $134.9093\text{€} + 4.964\text{€} * 30 = 283.83\text{€}$, of which 134.9093€ is the base part, 30 years of pensionable service is divided equally between the part calculated on the basis of years of pensionable service and insurance part, because the insurance part will be calculated as of 1999. Thus, the part calculated on the basis of years of pensionable service constitutes 74.475€ and insurance part also 74.475€;

National pension of a woman in the old-age pension age is 148.98€, which is fixed amount and does not depend on the previous income.

Therefore, only 74.475€ of the pension of a standard beneficiary, that is **17.2% of the pension** (432.81€) depends on the previous income, i.e. the choice made in Estonia to be guided by Article 66 upon calculation of old-age, invalidity and survivor's pensions is totally justified and in compliance with the principles of choosing the aforementioned Article of the Code.

5. Explanation on the amount of the minimum unemployment benefit and the conditions for entitlement to it, as well as the amount of the social assistance which may be provided after the expiry of the unemployment benefit.

The insured person is always entitled to at least the unemployment benefit in minimum amount, which is set at half of the national minimum wage. In 2015 the national minimum wage was 390 euros per month or 13 euros per day.

In case, where the amount of unemployment benefit calculated to an insured person is lower than 6,5 euros per day, the person is granted the unemployment benefit in minimum amount or 6,5 euros per day. The length of payment period does not differ from general rule and depending on the previous insurance contribution period it may be 180, 270 or 360 calendar days.

If the amount of unemployment benefit calculated to an insurance person is equal or greater than 6,5 euros per day, the person will be granted the unemployment benefit in this amount only for the first 100 days. Afterward's, the amount of his/her benefit will be 40% or his/her average daily remuneration. If the benefit is granted in minimum amount, it will not be reduced after first 100 days.

If a person's income is lower than 136,71 euros per month (31 times * unemployment allowance daily rate, which is fixed at 4,41 euros per day in 2016) and the person does not meet the conditions to receive an unemployment insurance benefit, or if he/she has exhausted his rights to a benefit, he/she is eligible to unemployment allowance. The unemployment allowance (4,41 euros per day) is paid for a maximum period of 270 days.

The unemployed have also the access to subsistence benefit and needs-based family benefit, that guarantee the income in the extent of subsistence level. For further details on subsistence minimum, benefit and level please refer to the pages 23-25 of the 10th report (for the period of July 1, 2014 to June 30, 2015) by the Government of the Republic of Estonia.

6. Cost-sharing in medical care

The detailed overview of cost-sharing in medical care and the requested description of the amounts that remain at the expense of patients is provided under Article 10 Part II of the Code.

FIGURES:

	Population, as of 1st of January ¹			Mean annual population ¹		
	Males and females	Males	Females	Males and females	Males	Females
Total						
2011	1 329 660	619 700	709 960	1 327 439	618 919	708 520
2012	1 325 217	618 138	707 079	1 322 696	617 153	705 543
2013	1 320 174	616 167	704 007	1 317 997	615 543	702 454
2014	1 315 819	614 919	700 900	1 314 545	614 654	699 891
2015	1 313 271	614 389	698 882	1 314 608	615 549	699 059
2016	1 315 944	616 708	699 236

¹ Data for years 2000-2013 is recalculated as of 17th of January 2014.

15-64 y.o. males						
2011					436 109	
2012					432 428	
2013					428 714	
2014					425 348	
2015					423 583	

Children 0-15 y.o.						
2011				217 441		
2012				218 362		
2013				219 029		
2014				220 345		
2015				222 527		

Distribution of insured persons at Estonian Health Insurance Fund (end of the year)

Number of persons	2015	2014	2013	2012	2011
Type of insurance	Total	Total	Total	Total	Total
Insured	615 333	600 998	584 094	575 277	568 434
Considered equal on the basis of a contract	526	452	407	317	264
Insured by State	31 918	46 275	50 391	57 619	65 463
Considered equal	587 459	583 101	594 408	602 249	608 708
International agreements	2 100	1 993	1 903	1 642	2 600
Total	1 237 336	1 232 819	1 231 203	1 237 104	1 245 469

Number of persons, for whom unemployment insurance premiums were paid

Source: Tax and Customs board (on request)

	Number of persons
2011	588 031
2012	596 351
2013	598 544
2014	608 476
2015	612 216

Number of employed and unemployed persons and protected persons' percentage of total number of employed and unemployed

	Employed and unemployed			Protected persons compared to the total of employed and unemployed, %
	<i>Statistics Estonia</i>			
	Employed	Unemployed	TOTAL	
	(TT0200)	(TT353; TT431)		
2011	603 200	84 800	688 000	85.5
2012	614 900	68 500	683 400	87.3
2013	621 300	58 700	680 000	88
2014	624 800	49 600	674 400	90.2
2015	640 900	42 300	683 200	89.6

Unskilled male worker's gross and net wage, euros

	Unskilled male worker's gross wage, euros	Unskilled male worker's net wage, euros
2015	787.39	638.03
2014 ¹	721.35	577.31
2013	624.4	503.78
2012	581.55	467.61
2011	560	455

¹ Old data for year 2014 was – unskilled male worker's gross wage 658.49 euros and net wage 529.64 euros

Income of insured persons taxable with social tax, euros

	euros
2015	969.05
2014	908.12
2013	849.65
2012	792.75
2011	744.73

Skilled male worker's gross wage, euros

2015	1211.32	(969.05*1.25)
2014	1135.15	
2013	1062.06	
2012	990.94	
2011	930.91	

Average gross monthly wage, processing industry and skilled male worker, euros

	2011	2012	2013	2014	2015
Average of economic activities total	839	887	949	1005	1065
Processing industry	799	864	926	976	1033
Processing industry % of average	95.2	97.4	97.6	97.1	97.0

Average net monthly wage, processing industry and skilled male worker, euros

	2011	2012	2013	2014	2015
Average of economic activities total	672	706	757	799	859
Processing industry	640	688	739	778	834

Percentage of skilled male worker's gross wage (calculated on the basis of social tax) of average processing industry gross wage					
	116.5	114.7	114.7	116.3	117.3

PART I – GENERAL PROVISIONS

Article 1

1. In this Code:

- a. the term “the Committee of Ministers” means the Committee of Ministers of the Council of Europe;
 - b. the term “the Committee” means the Committee of Experts on Social Security of the Council of Europe or such other committee as the Committee of Ministers may designate to carry out the duties laid down in Article 2, paragraph 3; Article 74, paragraph 4, and Article 78, paragraph 3;
 - c. the term “Secretary General” means the Secretary General of the Council of Europe;
 - d. the term “prescribed” means determined by or in virtue of national laws or regulations;
 - e. the term “residence” means ordinary residence in the territory of the Contracting Party concerned and the term “resident” means a person ordinarily resident in the territory of the Contracting Party concerned;
 - f. the term “wife” means a wife who is maintained by her husband;
 - g. the term “widow” means a woman who was maintained by her husband at the time of his death;
 - h. the term “child” means a child under school-leaving age or under 15 years of age, as may be prescribed;
 - i. the term “qualifying period” means a period of contribution, or a period of employment, or a period of residence, or any combination thereof, as may be prescribed.
2. In Articles 10, 34 and 49 the term “benefit” means either direct benefit in the form of care or indirect benefit consisting of reimbursement of the expenses borne by the person concerned.

Article 2

1. Each Contracting Party shall comply with:

- a. Part I;
- b. at least six of Parts II to X, provided that Part II shall count as two Parts and Part V as three Parts;
- c. the relevant provisions of Parts XI and XII; and
- d. Part XIII.

2. The terms of sub-paragraph b of the foregoing paragraph can be regarded as fulfilled if:

- a. at least three of Parts II to X, including at least one of Parts IV, V, VI, IX and X are complied with; and
- b. in addition, proof is furnished that the social security legislation in force is equivalent to one of the combinations provided for in that sub-paragraph, taking into account:
 - i. the fact that certain branches covered by sub-paragraph a of this paragraph exceed the standards of the Code in respect of their scope of protection or their level of benefits, or both;
 - ii. the fact that certain branches covered by sub-paragraph a of this paragraph exceed the standards of the Code by granting supplementary services or advantages listed in Addendum 2; and
 - iii. branches which do not attain the standards of the Code.

3. A Signatory desiring to avail itself of the provisions of paragraph 2.b of this article shall make a request to this effect in the report to the Secretary General submitted in accordance with the provisions of Article 78. The Committee, basing itself on the principle of equivalence of cost, shall lay down rules co-ordinating and defining the conditions for taking into account the provisions of paragraph 2.b of this article. These provisions may only be taken into account in each case with the approval of the Committee, the decision to be taken by a two-thirds majority.

Article 3

Each Contracting Party shall specify in its instrument of ratification those parts of Parts II to X in respect of which it accepts the obligations of this Code, and shall also state whether and to what extent it avails itself of the provisions of Article 2, paragraph 2.

Article 4

1. Each Contracting Party may subsequently notify the Secretary General that it accepts the obligations of the Code in respect of one or more of Parts II to X not already specified in its ratification.

2. The undertakings referred to in paragraph 1 of this article shall be deemed to be an integral part of the ratification and to have the force of ratification as from the date of notification.

Article 5

Where, for the purpose of compliance with any of the Parts II to X of this Code which are to be covered by its ratification, a Contracting Party is required to protect prescribed classes of persons constituting not less than a specified percentage of employees or residents, that Contracting Party shall satisfy itself, before undertaking to comply with such part, that the relevant percentage is attained.

Article 6

For the purpose of compliance with Parts II, III, IV, V, VIII (in so far as it relates to medical care), IX or X of this Code, a Contracting Party may take account of protection effected by means of insurance which, although not made compulsory by national laws or regulations for the persons to be protected:

- a. is subsidised by the public authorities or, where such insurance is complementary only, is supervised by the public authorities or administered, in accordance with prescribed standards, by joint operation of employers and workers;
- b. covers a substantial part of the persons whose earnings do not exceed those of the skilled manual male employee, determined in accordance with Article 65; and
- c. complies, in conjunction with other forms of protection, where appropriate, with the relevant provisions of the Code.

No recourse is had to the provisions of Article 6 (all the insurance schemes are compulsory)

PART II – MEDICAL CARE

Article 7

Each Contracting Party for which this part of this Code is in force shall secure to the persons protected the provision of benefit in respect of a condition requiring medical care of a preventive or curative nature in accordance with the following articles of this part.

Article 8

The contingencies covered shall include any morbid condition, whatever its cause, and pregnancy and confinement and their consequences.

Article 9

The persons protected shall comprise:

- a. prescribed classes of employees, constituting not less than 50 per cent of all employees, and also their wives and children; or
- b. prescribed classes of the economically active population, constituting not less than 20 per cent of all residents, and also their wives and children; or
- c. prescribed classes of residents, constituting not less than 50 per cent of all residents.

A. The recourse is had to Article 9 (c) of the Code

B. The protected persons are defined in the Health Insurance Act, § 5 subsection (1) - “an insured person is a permanent resident of Estonia or a person residing in Estonia on the basis of a temporary residence permit or the right of residence or a person legally staying and working in Estonia based on a temporary ground for stay for whom a payer of social tax must pay social tax or who pays social tax for themselves in accordance with the procedure, in the amounts and within the time limits provided for in the Social Tax Act, or a person considered equal to such persons on the basis of this Act”.

Thus, the classes of persons protected are:

- 1) persons who work on the basis of an employment contract concluded for a term exceeding one month or for an unspecified term and for whom the employer must pay social tax;
 - 2) officials, active servicemen, members of the *Riigikogu*, the President of the Republic, members of the Government of the Republic, judges, the Chancellor of Justice, the Auditor General, the Public Conciliator, members of councils of local authorities, members of city or rural municipality governments, mayors of rural municipality or city districts for whom the state or the local authority must pay social tax via its agencies;
 - 3) members of the management or controlling bodies of legal persons within the meaning of § 9 of the Income Tax Act for whom the legal person or legal persons pay social tax on the basis of clause 9 (1) 2) of the Social Tax Act in the monthly total amount calculated on the basis of at least the monthly rate established in the state budget for the given budgetary year (hereinafter minimum social tax obligation);
 - 4) persons receiving remuneration or service fees on the basis of a contract for services, a mandate or another contract or other contracts under the law of obligations for the provision of services, who are not entered in the commercial register as self-employed persons and for whom the other party to the contract pays social tax on the basis of clause 9 (1) 2) of the Social Tax Act in the monthly total amount calculated on the basis of at least to the extent of the minimum social tax obligation;
 - 5) persons for whom the state, local authority or, based on the Creative Persons and Artistic Associations Act, an artistic association (hereinafter *artistic association*) is required to pay social tax under § 6 of the Social Tax Act;
 - 6) persons receiving an unemployment insurance benefit on the basis of the Unemployment Insurance Act for whom the Estonian Unemployment Insurance Fund must pay social tax on the basis of clause 2 (1) 8) of the Social Tax Act.
- (3) An insured person who pays social tax for themselves is a person who is entered in the commercial register as a self-employed person or who has been registered with the Tax and Customs Board as a notary, certified translator or enforcement officer and who pays social tax on their business income in accordance with the Social Tax Act.
- (3¹) An insured person for whom social tax is paid by a self-employed person registered in the commercial register is their spouse who has been entered in the register of taxable persons as the spouse participating in the activities of the undertaking of the self-employed person on the basis of § 20² of the Taxation Act.

(4) The following persons for whom social tax is not paid are considered to be equal to insured persons on the basis of this Act:

- 1) pregnant women whose pregnancy has been identified by a doctor or a midwife;
- 2) persons under 19 years of age;
- 3) persons who receive a state pension granted in Estonia;
- 3¹) persons who have been found to have partial work ability or no work ability under the Work Ability Allowance Act;
- 4) persons with up to five years left until attaining the retirement age who are maintained by their spouses who are insured persons;
- 5) persons acquiring basic or general secondary education, persons acquiring formal vocational education and higher education students who are permanent residents of Estonia and study in an educational institution in Estonia founded and operating on the basis of legislation or in an equivalent educational institution abroad, except for doctoral candidates that receive the doctoral allowance.

C. Statistical information (Part III Article 74)

- a) The number of persons insured by Estonian Health Insurance Fund as of December 31, 2015 was 1 237 336 (data by Estonian Health Insurance Fund);
- b) Total population of Estonia as of January 1, 2016 was 1 315 944 (data by Statistics Estonia).
- c) The number of insured persons amounted to 94,0% of the total.

a) Number of insured persons at Estonian Health Insurance Fund (end of the year)

	Insured persons	
31.12.2015	1 237 336	(Estonian Health Insurance Fund)
31.12.2014	1 232 819	(Estonian Health Insurance Fund)
31.12.2013	1 231 203	(Estonian Health Insurance Fund)
31.12.2012	1 237 104	(Estonian Health Insurance Fund)
31.12.2011	1 245 469	(Estonian Health Insurance Fund)

b) Total population (beginning of the year)

	Total population	
01.01.2016	1 315 944	(Statistics Estonia)
01.01.2015	1 313 271	(Statistics Estonia)
01.01.2014	1 315 819	(Statistics Estonia)
01.01.2013	1 320 174	(Statistics Estonia)
01.01.2012	1 325 217	(Statistics Estonia)

c) Number of insured persons per cent of total population, %

	%
2015	94,0
2014	93,9
2013	93,6
2012	93,7
2011	94,0

D. Please refer to the answer given in point B above

E. Non-applicable

Article 10

1. The benefit shall include at least:
 - a. in case of a morbid condition,
 - i. general practitioner care, including domiciliary visiting;

- ii. specialist care at hospitals for in-patients and out-patients, and such specialist care as may be available outside hospitals;
 - iii. the essential pharmaceutical supplies as prescribed by medical or other qualified practitioners; and
 - iv. hospitalisation where necessary; and
 - b. in case of pregnancy and confinement and their consequences,
 - i. pre-natal, confinement and post-natal care either by medical practitioners or by qualified midwives; and
 - ii. hospitalisation where necessary.
2. The beneficiary or his breadwinner may be required to share in the cost of the medical care the beneficiary receives in respect of a morbid condition; the rules concerning such cost-sharing shall be so designed as to avoid hardship.
3. The benefit provided in accordance with this article shall be afforded with a view to maintaining, restoring or improving the health of the person protected and his ability to work and to attend to his personal needs.
4. The institutions or government departments administering the benefit shall, by such means as may be deemed appropriate, encourage the persons protected to avail themselves of the general health services placed at their disposal by the public authorities or by other bodies recognised by the public authorities.

In 2014, cost-sharing of Estonian people when paying for health services constituted 23.8% of total healthcare expenditures (EU average 16%). The largest part of cost-sharing constitute the expenses on medicines (according to the National Institute for Health Development (NIHD), 37% in total, out of which 16% constitute the expenses on OTC medicines and 21% the expenses on prescription medicines). The second leading cause of cost-sharing is dental care (26%), which is currently not subject to compensation to the working age population by health insurance. This is followed by nursing (12.9%) and other outpatient services (10.6%).

Most important health care expenditures, thousands of euros

Expenditure by function	Total expenditure (thousands euros)	Household out-of-pocket payment	Importance in total out-of-pocket payments %	Household share %
Pharmaceuticals	220 859	109 293	36.7%	49.5%
<i>Prescribed medicines</i>	<i>174 037</i>	<i>62 965</i>	<i>21.3%</i>	<i>36.2%</i>
<i>Over-the-counter medicines</i>	<i>46 822</i>	<i>2,597</i>	<i>15.7%</i>	<i>98.9%</i>
Dental outpatient curative care	106 484	76 591	25.9%	71.9%
Long-term care	81 919	38 121	12.9%	46.5%
Specialised outpatient curative care	89 311	31 455	10.6%	35.2%
Other expenditure	742 338	40 275	13.6%	5.4%
Total	1 240 911	295 735	100%	23.8%

A. The health insurance fund will assume the obligation of an insured person to pay for health services if the services are entered in the list of health services of the health insurance fund and the provision thereof is therapeutically justified. (subsection § 29 (1) of the Health Insurance Act). The list of the services funded by Estonian Health Insurance Fund is provided in Regulation no. 138 of the Government of the Republic of 18 December 2015 “List of Health Services of Estonian Health Insurance Fund”, entered into force on 1 January 2016.

An insured person is entitled to receive the health insurance benefits provided for in § 25 of the Health Insurance Act. Health insurance benefit is a high quality and timely health service, necessary medicinal

product or medical device which is provided to an insured person under the conditions provided for in the Health Insurance Act by the health insurance fund or a person who has concluded a corresponding contract with the fund (benefit in kind), or a sum of money that the health insurance fund must pay to an insured person under the conditions provided for in the Health Insurance Act for the health care expenses incurred by the person or upon their temporary incapacity for work (pecuniary benefit).

Patient cost-sharing:

Under the conditions provided for in §§ 67-72 of the Health Insurance Act, the health care provider has a right to charge from the insured person the visit fee and the in-patient fee which will not be compensated by the health insurance fund. The above-mentioned fees are the expenses to be borne by the insured person in addition to the cost-sharing to receive health insurance benefits.

Visit fee

The maximum rate of visit fee is 5 euros (3.20 euros until 10.01.2013)

A person providing general medical care (family doctor) may charge a visit fee only for a home visit, family doctor may not charge a visit fee for an out-patient visit. The visit fee for a home visit cannot be charged from a pregnant woman and from an insured person who is less than two years of age. (subsection § 69 (3) of the Health Insurance Act). A fee for a home visit must not exceed 5 euros, regardless of the number of insured persons per one home visit.

Upon provision of out-patient specialised medical care, the visit fee must not be charged if out-patient specialised medical care is provided to a pregnant woman, out-patient specialised medical care is provided to the insured person under two years of age, provision of emergency out-patient specialised medical care is directly followed by the provision of in-patient health services or if the insured person is referred to a health care professional working for the same health care provider but in another speciality or to a health care professional working for another health care provider but providing the same health service.

If the patient terminates a contract for provision of health services less than 24 hours before the time agreed upon for the provision of the health service or fails to appear at the place of performance of the contract by the time agreed for the provision of the service, the provider of the health service will have the right to charge the double visit fee from the patient upon performance of the next contract for the health service. (subsection § 70 (6) of the Health Insurance Act).

In-patient fee

The maximum rate of in-patient fee is 2.50 euros (1.60 euros until 10.01.2013) per day. An in-patient fee may be charged for each calendar day which has commenced during the time spent by a person in hospital, but not for more than ten calendar days for one case of disease, i.e. up to 25 euros in total (§ 71 of the Health Insurance Act).

The in-patient fee must not be charged for a period when intensive care is provided, upon provision of in-patient specialised medical care in connection with pregnancy or delivery, or upon provision of in-patient specialised medical care to a minor (subsection § 71 (2) of the Health Insurance Act).

Pursuant to § 73 of the Health Insurance Act, a health care provider may charge a reasonable fee from the insured person for the documents issued (a health care provider must not charge a fee from the insured person for the issue of a certificate of incapacity for work or a prescription). If the insured person wants an excerpt of his/her health record, a health care provider may demand a fee of up to 0.19 euros per page for the data in question on paper starting from the twenty-first page (subsection § 19 (2) of the Personal Data Protection Act).

Health services to be provided and in addition to the aforementioned, price limits for health services have been established in the List of Health Services of Estonian Health Insurance Fund, which also includes the rates of patient cost-sharing <https://www.riigiteataja.ee/akt/122122015054>.

Pursuant to this list, patient cost-sharing in 2016 is the following:

Health service	Cost-sharing in 2016
Rehabilitation supporting the functions (to the person of at least 19 years of age), 20% (code 8030)	12.10 euros per day, 10 days in total
Induced abortion at woman's own request (with anaesthesia), 30% (code 2210K)	53.65 euros
Medical abortion, 50% (code 2287K)	39.04 euros
In-patient fee of independent in-patient nursing (former nursing care), 15% (code 2063)	9.75 euros

In case of pharmaceuticals distributed at a discount, patient cost-sharing is the following (§§ 41-42 of the Health Insurance Act):

Reimbursement rates for medicinal products (in %)	Cost-sharing in 2016
In case of prescription written with 50% discount	3.19 euros
Prescription written with 75%, 90% discount	1.27 euros
Prescription written with 100% discount	1.27 euros

If the price limit or the agreed price of a medicine is lower than retail price, the patient must also pay the part exceeding the price limit or the agreed price in addition to the cost-sharing. More information about the calculation examples is available at the Estonian Health Insurance Fund homepage <http://www.haigekassa.ee/en/ravimi-hind>

The limits for the payment obligation of an insured person assumed by the health insurance fund will be 90 % or 50 % of the agreed price (i.e. retail price) of the medical device or sales packaging of the medical device entered in the list of medical devices or, if a reference price is applicable to a group of medical devices, of the reference price. Patient cost-sharing is a difference between the retail price of the medical device and the payment obligation assumed by the health insurance fund.

Dental care of the persons of 19 years of age and younger will be reimbursed by the health insurance fund. Adult insured person will pay for his/her dental care services, except in case of emergency care. Emergency care of an insured person will be paid by the health insurance fund, dental care expenses of the persons not covered by health insurance will be paid for out of the funds prescribed for such purpose in the state budget. Emergency care means health services which are provided by health care professionals in situations where postponement of care or failure to provide care may cause the death or permanent damage to the health of the person requiring care (§ 5 of the Health Services Organisation Act). The need for emergency care shall be determined by health care provider.

With regard to adults, dental care service benefit will be paid as pecuniary benefit as follows (subsections § 63 (1)-(2) of the Health Insurance Act):

- 1) to a person whom pension for incapacity for work or old-age pension has been granted in accordance with the State Pension Insurance Act, from 1 July 2016 also to a person who has been found to have partial work ability or no work ability under the Work Ability Allowance Act – up to 19.18 euros;
- 2) to insured persons of over 63 years of age – up to 19.18 euros,
- 3) to pregnant women – up to 28.77 euros,
- 4) to mothers of children under one year of age – up to 28.77 euros,
- 5) to persons who have an increased need for dental care services as a result of health services provided to them – up to 28.77 euros.

Pursuant to subsection § 63 (3) of the Health Insurance Act, in addition to the prosthetic dentistry expenses, the dentures benefit in the maximum amount of 255.65 within three years will be paid to a person whom pension for incapacity for work or old-age pension has been granted in accordance with the State Pension Insurance Act or who has been found to have partial work ability or no work ability under the Work Ability Allowance Act and to insured persons of over 63 years of age.

Financing of benefits for medicinal products increased by 2.8% compared to 2014. Compared to the last year, the number of discount prescriptions increased by 2%, it also reflects the increase in the use of

medicinal products which is distributed more or less equally with regard to all the discount rates. The cost of an average discount prescription has increased by 1% for the health insurance fund.

Upon purchasing prescription medicines, cost-sharing of an insured person has increased from 31,7% to 32,31% during last year, average cost of prescription was 6.69 euros for a patient. The increase in the cost-sharing of an insured person is mainly caused by a slightly updated pharmaceutical policy, which establishes, due to the prices of medicinal products in reference countries, price limits also for the medicinal products without generic preparations.

B. The description of the extent to which the patient is required to share the cost of medical care received in provided under point A.

C. It is not allowed to charge a visit fee from pregnant women for a home visit and an outpatient visit (subsection § 69 (3), clause § 70 (4) 1) of the Health Insurance Act), and it is also not allowed to charge an in-patient fee upon provision of in-patient specialised medical care in connection with pregnancy or delivery (subsection § 71 (2) of the Health Insurance Act).

D. Medicinal product is prescribed by using the name of the active substance contained therein. If, when prescribing a medicinal product, the name of the active substance of the medicinal product is used, the person dispensing the medicinal product must suggest to the patient, from among the medicinal products suitable for the patient, the proprietary medicinal product in the case of which the amount that the patient must pay for the product is the lowest. If the individual presenting the prescription refuses to purchase the most favourable proprietary medicinal product or if the most favourable proprietary medicinal product is not available from the wholesalers in Estonia, the person dispensing the medicinal product enters the corresponding reasons on the prescription (Regulation No. 30 of 18 February 2005 of the Minister of Social Affairs „The conditions and procedure for the issue of prescriptions for medicinal products and for the dispensation of medicinal products by pharmacies and the format of the prescription”, subsections § 4 (5) and § 6 (5) - entered into force in 2010).

Estonian Health Insurance Fund is conducting information campaigns for the insured persons, in order to raise the awareness of people about the functioning and possibilities of health insurance system and the need to participate in screenings. Illness prevention is an essential part of health care services and is directed at including healthy persons in health surveys, population-based screenings or preventive health services, in order to avoid or lower the prevalence of the avoidable illnesses and reduce the need for medical care.

Article 11

The benefit specified in Article 10 shall, in a contingency covered, be secured at least to a person protected who has completed, or whose breadwinner has completed, such qualifying period as may be considered necessary to preclude abuse.

1) The insurance cover of an employee and an official will commence upon expiry of a waiting period of fourteen days from the date of commencement of work entered in the employment register specified in § 251 of the Taxation Act (hereinafter employment register). The insurance cover will terminate two months after the date of termination of work entered in the employment register (§ 6 of the Health Insurance Act).

2) The insurance cover of persons for whom social tax is paid by state, local authority or artistic association will commence as of the making of an entry on commencement of the insurance cover in the health insurance database. Respective authority undertakes to submit the relevant data to the health insurance fund within 7 days (§ 7, subsection § 13 (3) of the Health Insurance Act). Insurance cover expires one month after the termination of the obligation to pay social tax.

3) The insurance cover of members of management or controlling bodies of legal persons and persons receiving remuneration and service fees based on contract under law of obligations will commence as of the making of an entry to the health insurance database if social tax has been declared for the person to the extent of the minimum social tax obligation based on the Social Tax Act. The insurance cover will be suspended on the day following the day when, according to the data received from the Tax and Customs Board, social tax has not been declared to the extent of the minimum social tax obligation by the due date specified in the Social Tax Act (§ 8 of the Health Insurance Act).

4) The insurance cover of a person receiving unemployment insurance benefit will commence as of the making of an entry on commencement of the insurance cover in the health insurance database. The

insurance cover will terminate two months after termination of the obligation of the Estonian Unemployment Fund to pay social tax for the person (§ 91 of the Health Insurance Act).

5) The insurance cover of a self-employed person will commence after the passing of the waiting period of fourteen days from the entry in the commercial register or register of taxable persons. The insurance cover will terminate two months after making of the deletion entry in the commercial register or register of taxable persons (§ 10 of the Health Insurance Act).

6) The insurance cover of the spouse participating in the activities of the undertaking of a self-employed person will commence after the passing of the waiting period of fourteen days from the entry in the register of taxable persons. The insurance over of the spouse participating in the activities of the undertaking of a self-employed person will terminate two months after making a deletion entry regarding the spouse in the register of taxable persons or after making a deletion entry regarding the self-employed person in the commercial register (§ 101 of the Health Insurance Act).

7) The insurance cover of persons considered equal to insured persons will commence as of the making of an entry on commencement of the insurance cover in the health insurance database (the latest deadline for making an entry is 5 calendar days). The insurance cover of a person who has been declared permanently incapacitated for work or as having partial work ability or no work ability will terminate upon expiry of a term of three months from the expiry of the period of the permanent incapacity for work or partial work ability or absent work ability. The insurance cover of a woman who has obtained the insurance cover due to pregnancy will terminate three months after the estimated date of delivery as determined by a doctor or midwife, upon delivery the insurance of the woman will continue as a parent of a child of less than 3 years of age. The insurance cover of a pupil and a student will be terminated after three months from the graduation of educational institution (§ 12 of the Health Insurance Act).

Article 12

The benefit specified in Article 10 shall be granted throughout the contingency covered, except that, in case of a morbid condition, its duration may be limited to 26 weeks in each case, but benefit shall not be suspended while a sickness benefit continues to be paid, and provision shall be made to enable the limit to be extended for prescribed diseases recognised as entailing prolonged care.

1. There are no time limits for the receipt of health services. In the event of a disease or injury, an insured person has the right to receive sickness benefit until the date on which their work ability is restored as specified in the certificate for sick leave, but not for more than 240 consecutive calendar days in the event of tuberculosis or 182 consecutive calendar days in the event of any other disease (subsection § 57 (1) of the Health Insurance Act).

2. Pursuant to § 28 of the Health Insurance Act, if a person fails to follow the medically justified treatment prescribed by a doctor or a family nurse, they will lose the right to receive health insurance benefits in connection with the case of disease for the prevention of which or against which the particular treatment was prescribed.

Intra-agency proceedings with regard to a decision made by the health insurance fund may be initiated by an insured person within ten calendar days in accordance with the procedure provided for in the Administrative Procedure Act.

The aforementioned right will not be applied, if:

- 1) the monetary value of the health insurance benefit concerned does not justify restriction of the insured person's right to bodily self-determination;
- 2) application of the provisions would constitute a significant breach of the insured person's right to bodily self-determination;
- 3) the insured person or their legal representative has good reason for refusing to grant consent to or follow the treatment prescribed by a doctor or family nurse;
- 4) the health service prescribed is likely to cause a risk of serious health damage to the insured person or their death;
- 5) the health service prescribed causes great pain or a danger of prolonged pain to the insured person.

An insured person does not have the right to receive a health insurance benefit if the need for the benefit has arisen as a result of participation in scientific research, including a clinical trial.

Pursuant to § 60 of the Health Insurance Act, the insured person does not have the right to receive the benefit for temporary incapacity for work if:

- 1) the illness or injury of the insured person is caused by the intent of the person;
- 2) the illness or injury of the insured person is caused by a state of intoxication ascertained in accordance with the procedure established on the basis of the Traffic Act or by an examination conducted by a doctor;

- 3) the insured person fails to comply with the medically justified treatment prescribed by a doctor, as a result of which the recovery of the person is hindered;
- 4) the insured person fails to appear at a doctor's consultation at the prescribed time without good reason;
- 5) the insured person receives income subject to social tax for the period of the temporary incapacity for work.

If the insured person or the person being cared for fails to appear at a doctor's consultation at the prescribed time without good reason, the person will lose the right to receive the benefit for temporary incapacity for work as of the date of their failure to appear at the consultation.

The insured person does also not have the right to receive the benefit for temporary incapacity for work if the insured person is:

- 1) on holiday;
- 2) on care leave during a holiday.

PART III – SICKNESS BENEFIT

Article 13

Each Contracting Party for which this part of the Code is in force shall secure to the persons protected the provision of sickness benefit in accordance with the following articles of this part.

Article 14

The contingency covered shall include incapacity for work resulting from a morbid condition and involving suspension of earnings, as defined by national laws or regulations.

Article 15

The persons protected shall comprise:

- a. prescribed classes of employees, constituting not less than 50 per cent of all employees; or
- b. prescribed classes of the economically active population, constituting not less than 20 per cent of all residents; or
- c. all residents whose means during the contingency do not exceed limits prescribed in such a manner as to comply with the requirements of Article 67.

A. The recourse is had to the sub-paragraph (b) of Article 15 of the Code.

B. Pursuant to subsection § 50 (1) of the Health Insurance Act, the benefit for temporary incapacity for work is financial compensation paid by the health insurance fund to an insured person on the basis of a certificate of incapacity for work in cases where the person does not receive income subject to individually registered social tax due to a temporary release from their duties or economic or professional activity.

The benefit for temporary incapacity for work is paid to the following insured persons:

- 1) employee;
- 2) officials, active servicemen, members of the Riigikogu, the President of the Republic, members of the Government of the Republic, judges, the Chancellor of Justice, the Auditor General, the Public Conciliator, members of councils of local authorities, members of city or rural municipality governments, mayors of rural municipality or city districts;
- 3) members of the management or controlling bodies of legal persons
- 4) persons receiving remuneration or service fees on the basis of a contract or contracts under the law of obligations for the provision of services, who are not entered in the commercial register as self-employed persons
- 5) self-employed persons
- 6) spouse participating in activities of undertaking of self-employed person.

The types of the benefit for temporary incapacity for work are:

- 1) sickness benefit;
- 2) maternity benefit;
- 3) adoption benefit;
- 4) care benefit.

The benefit for temporary incapacity for work will not be paid to persons covered by insurance on the grounds specified in clauses 5 (2) 3) (persons for whom social tax is paid by state, local authority or artistic association) and 6) (persons receiving an unemployment insurance benefit on the basis of the Unemployment Insurance Act) or subsection 5 (4) (persons considered equal to insured persons) of the Health Insurance Act or to persons considered equal to insured persons on the basis of a contract.

C. Updated statistical information (Part II, Article 74):

- a) the number of economically active insured persons as of December 31, 2015 was 615 333 (data by Estonian Health Insurance Fund)
- b) total population of Estonia as of January 1, 2016 was 1 315 944 (data by Statistics Estonia);
- c) the number of economically active insured persons made up 46.8% of the total population of Estonia.

a) Number of economically active insured (end of the year)

	Number of economically active insured	
31.12.2015	615 333	(Estonian Health Insurance Fund)
31.12.2014	600 998	(Estonian Health Insurance Fund)
31.12.2013	584 094	(Estonian Health Insurance Fund)
31.12.2012	575 277	(Estonian Health Insurance Fund)
31.12.2011	568 434	(Estonian Health Insurance Fund)

b) Total population (beginning of the year)

	Total population	
01.01.2016	1 315 944	(Statistics Estonia)
01.01.2015	1 313 271	(Statistics Estonia)
01.01.2014	1 315 819	(Statistics Estonia)
01.01.2013	1 320 174	(Statistics Estonia)
01.01.2012	1 325 217	(Statistics Estonia)

c) Number of economically active insured persons per cent of total population

	%
2015	46.8
2014	45.8
2013	44.4
2012	43.6
2011	42.9

Article 16

1. Where classes of employees or classes of the economically active population are protected, the benefit shall be a periodical payment calculated in such a manner as to comply with the requirements of Article 65 or with the requirements of Article 66.

2. Where all residents whose means during the contingency do not exceed prescribed limits are protected, the benefit shall be a periodical payment calculated in such a manner as to comply with the requirements of Article 67; provided that a prescribed benefit shall be guaranteed, without means test, to the prescribed classes of persons determined in accordance with Article 15.a or b.

A. The recourse is had to the Article 65 of the Code.**Titels I and II, Article 65**

A. In 2015, the minimum monthly wage for full-time work was 390 euros and the upper limit of income of sole proprietors taxable with social tax respectively 5,850 euros per month. From January 1, 2016, the minimum monthly wage is 430 euros per month.

The sickness benefit is taxable with income tax (in 2015, the income tax rate amounted to 20 percent and the income tax exemption was 154 euros per month; in 2016, the income tax rate is 20 percent and the income tax exemption is 160 euros per month).

B, C. The average income of insured persons taxable with social tax was 969.05 euros per month in 2015 (data by the Social Insurance Board). Respectively, the gross monthly earnings of a regular skilled male worker pursuant to Article 65 (6) (c) of the Code were as follows in 2015:
 $1,25 * 969,05 = 1211.32$ eurot.

Average income of insured persons taxable with social tax, euros a month

	euros	
2015	969.05	(Social Insurance Board)
2014	908.12	(Social Insurance Board)
2013	849.65	(Social Insurance Board)
2012	792.75	(Social Insurance Board)
2011	744.73	(Social Insurance Board)

Gross monthly earnings of a regular skilled male worker, euros

	euros	
2015	1211.32	(Social Insurance Board)
2014	1135.15	(Social Insurance Board)
2013	1062.06	(Social Insurance Board)
2012	990.94	(Social Insurance Board)
2011	930.91	(Social Insurance Board)

D. In 2015, the amount of the sickness benefit for a standard beneficiary (in in-patient care) for one month was as follows:
 $0,7 * 1211,32 = 847,92$ eurot.

Sickness benefit for a standard beneficiary, euros

	euros	
2015	847.92	(Social Insurance Board)
2014	794.61	(Social Insurance Board)
2013	743.44	(Social Insurance Board)
2012	693.66	(Social Insurance Board)
2011	651.64	(Social Insurance Board)

E, F. In 2015, the amount of family benefits for a standard beneficiary with two children amounted to 90 euros per month. Payment of family benefits is not related with working/not working of parents or receiving other social security benefit, i.e. the same family benefit is paid both while working and receiving sickness benefits.

Family benefits for a standard beneficiary with two children, euros

	euros	
2015	90.00	(Ministry of Social Affairs)
2014	38.35	(Ministry of Social Affairs)
2013	38.35	(Ministry of Social Affairs)
2012	38.35	(Ministry of Social Affairs)
2011	38.35	(Ministry of Social Affairs)

G. The gross replacement rate of a standard beneficiary of sickness benefit was: $(847,92 + 90,00) / (1211,32 + 90,00) = 72,1\%$.

Gross replacement rate of a standard beneficiary of sickness benefit, %

	%
2015	72.1
2014	71.0
2013	71.0
2012	71.1
2011	71.2

The benefit for temporary incapacity for work

The benefit for temporary incapacity for work will not be paid to persons covered by insurance on the grounds specified in clauses 5 (2) 3) (persons for whom social tax is paid by state, local authority or artistic association) and 6) (persons receiving an unemployment insurance benefit on the basis of the Unemployment Insurance Act) or subsection 5 (4) (persons considered equal to insured persons) of the Health Insurance Act or to persons considered equal to insured persons on the basis of a contract.

No benefits will be paid for the first 3 days of sickness, an employer shall pay to an employee sickness benefit for the fourth until the eighth calendar day of sickness (§ 122 of the Occupational Health and Safety Act), the health insurance fund will pay sickness benefit to everyone as of the ninth day of sickness (subsection § 56 (1) of the Health Insurance Act). Employer will pay sickness benefit of 70 per cent of the employee's average wages for previous 6 months, the health insurance fund will pay sickness benefit of 70 per cent of the income the calendar year prior to the sickness.

Table of the types of benefits for temporary incapacity for work (§ 51 the Health Insurance Act) and the rates of benefits (§§ 54, 55 of the Health Insurance Act)

Reason for absence from work	Type of certificate	Procedure for compensation	Duration of payment for an insured event
Sickness	Sick leave certificate	Employer pays sickness benefit from the fourth to eighth day of sickness Health insurance fund will pay sickness benefit as of the ninth day of sickness, rate of benefit is 70%.	Up to 182 days (240 days in case of tuberculosis)
Home injury	Sick leave certificate	Employer pays sickness benefit from the fourth to eighth day of sickness Health insurance fund will pay sickness benefit as of the ninth day of sickness, rate of benefit is 70%.	Up to 182 days
Traffic injury Complication / sickness occurred as a result of traffic injury	Sick leave certificate	Employer pays sickness benefit from the fourth to eighth day of sickness Health insurance fund will pay sickness benefit as of the ninth day of sickness, rate of benefit is 70%.	Up to 182 days
Quarantine	Sick leave certificate	Employer pays sickness benefit from the fourth to eighth day of sickness, rate of benefit is 70%.	Up to 7 days
Occupational diseases	Sick leave certificate	Employer pays sickness benefit from the second day of sickness, rate of benefit is 100%.	Up to 182 days

Accident at work Accident at work in traffic Complication / sickness occurred as a result of accident at work	Sick leave certificate	Employer pays sickness benefit from the second day of sickness, rate of benefit is 100%.	Up to 182 days
Injury in the event of protecting national or public interests or preventing a criminal offence	Sick leave certificate	Employer pays sickness benefit from the second day of sickness, rate of benefit is 100%.	Up to 182 days
Transfer to less complicated work	Sick leave certificate	Health insurance fund will compensate the difference in salary caused by the transfer to less complicated work with the rate of 100%. If a person is absent from work due to the lack of less complicated work, the person will receive benefit as of the 2nd day, with the rate of 70%. The benefit can be paid only in the event of pregnancy until pregnancy and maternity leave.	Until pregnancy and maternity leave
Sickness or injury during pregnancy	Sick leave certificate	Health insurance fund pays sickness benefit from the second day of sickness, rate of benefit is 70%.	Up to 182 days
Nursing a child of under 12 years of age	Certificate for care leave	Health insurance fund pays sickness benefit from the first day of absence from work, rate of benefit is 80%.	Up to 14 days
Nursing a child of under 12 years of age	Certificate for care leave	Health insurance fund pays sickness benefit from the first day of absence from work, rate of benefit is 80%.	Up to 60 calendar days if the reason for the illness is a malignant tumour and the treatment of the child commences in a hospital.
Nursing a family member who is ill at home	Certificate for care leave	Health insurance fund pays sickness benefit from the first day of absence from work, rate of benefit is 80%.	Up to 7 days
Caring for a child of under three years of age or for a disabled child of under 16 years of age when mother of the child is ill or is receiving obstetrical care	Certificate for care leave	Health insurance fund pays sickness benefit from the first day of absence from work, rate of benefit is 80%.	Up to 10 days
Pregnancy and maternity leave	Certificate for maternity leave	Health insurance fund pays sickness benefit from the first day of absence from work, rate of benefit is 100%.	Up to 140 days

Leave of a person adopting a child of under 10 years of age	Certificate for adoption leave	Health insurance fund pays sickness benefit from the first day of absence from work, rate of benefit is 100%.	Up to 70 days
Donation of an organ or blood stem cells	Sick leave certificate	Health insurance fund pays sickness benefit from the first day of absence from work, rate of benefit is 100%.	Up to 182 days

Pursuant to subsection § 55 (1) of the Health Insurance act, average income per calendar day is calculated on the basis of the information concerning social tax calculated or paid to the insured person, as submitted by the Tax and Customs Board, and the information certifying the right to receive the benefit as submitted by the persons specified in clauses 5 (2) 1), 2), 4) or 5) and subsections 5 (3) and (3¹) of the Health Insurance Act. Social tax paid by the state, rural municipality, city or artistic association under clauses 6 (1) 1) to 3) and 6) to 15) and subsections (1¹) and (1²) of the same section of the Social Tax Act is not taken into account upon calculating the average income per calendar day.

The average income of a person insured per calendar day is deemed to be equal to the income calculated on the basis of the social tax calculated for the insured person during the calendar year preceding the calendar year of the date on which release from the performance of their duties commenced as specified in the certificate of incapacity for work, divided by 365. If social tax was not paid for the person insured during the calendar year serving as the basis for calculation of their average income per calendar day, the average income per calendar day will be deemed to be equal to the negotiated wage of the employee divided by 30, but not more than the amount of the minimum monthly wage established by the Government of the Republic and divided by 30.

If social tax was not paid for a person working under contract under law of obligations, self-employed person or a spouse participating in the activities of the latter during the calendar year serving as the basis for calculation of their average income per calendar day, the average income per calendar day is deemed to be equal to the monthly rate provided for in § 21 of the Social Tax Act, divided by 30. Benefits for temporary incapacity for work, including sickness benefit, are taxable with income tax, income tax rate is 20%. No maximum limit of salary is established for the calculation of sickness benefit.

Article 17

The benefit specified in Article 16 shall, in a contingency covered, be secured at least to a person protected who has completed such qualifying period as may be considered necessary to preclude abuse.

- 1) The insurance cover of an employee and an official will commence upon expiry of a waiting period of fourteen days from the date of commencement of work entered in the employment register specified in § 251 of the Taxation Act (hereinafter employment register).
- 2) The insurance cover of persons for whom social tax is paid by state, local authority or artistic association will commence as of the making of an entry on commencement of the insurance cover in the health insurance database. Respective authority undertakes to submit the relevant data to the health insurance fund within 7 days (§ 7, subsection § 13 (3) of the Health Insurance Act).
- 3) The insurance cover of members of management or controlling bodies of legal persons and persons receiving remuneration and service fees based on contract under law of obligations will commence as of the making of an entry to the health insurance database if social tax has been declared for the person to the extent of the minimum social tax obligation based on the Social Tax Act (§ 8 of the Health Insurance Act). Data will be submitted by the Estonian Tax and Customs Board.
- 4) The insurance cover of a person receiving unemployment insurance benefit will commence as of the making of an entry on commencement of the insurance cover in the health insurance database. (§ 91 of the Health Insurance Act). Respective authority undertakes to submit the relevant data to the health insurance fund within 7 days
- 5) The insurance cover of a self-employed person will commence after the passing of the waiting period of fourteen days from the entry in the commercial register or register of taxable persons (§ 10 of the Health Insurance Act).

6) The insurance cover of the spouse participating in the activities of the undertaking of a self-employed person will commence after the passing of the waiting period of fourteen days from the entry in the register of taxable persons (§ 101 of the Health Insurance Act).

7) The insurance cover of persons considered equal to insured persons will commence as of the making of an entry on commencement of the insurance cover in the health insurance database (the latest deadline for making an entry is 5 calendar days).

If the data necessary for an entry on commencement of the insurance cover of a person to be made in the health insurance database are submitted to the health insurance fund during the period of validity of the insurance cover of the person, the insurance cover will continue on the new basis without interruption.

Article 18

The benefit specified in Article 16 shall be granted throughout the contingency, except that the benefit may be limited to 26 weeks in each case of sickness, and need not be paid for the first three days of suspension of earnings.

1. Pursuant to subsection § 57 (1) of the Health Insurance Act, in the event of a disease or injury, an insured person has the right to receive sickness benefit until the date on which their work ability is restored as specified in the certificate for sick leave, but not for more than 240 consecutive calendar days in the event of tuberculosis or 182 consecutive calendar days in the event of any other disease. Subsection § 57 (5) of the Health Insurance Act, which established 250 days of a calendar year as the maximum limit for payment of sickness benefit, is repealed as of 1 January 2016. The data on the waiting time for payment of sickness benefit are given in the table of Article 16.

2. Pursuant to § 60 of the Health Insurance Act, the insured person does not have the right to receive the benefit for temporary incapacity for work if:

- 1) the illness or injury of the insured person is caused by the intent of the person;
- 2) the illness or injury is caused by a state of intoxication ascertained in accordance with the procedure established on the basis of the Traffic Act or by an examination conducted by a doctor;
- 3) the insured person fails to comply with the medically justified treatment prescribed by a doctor, as a result of which the recovery of the person is hindered;
- 4) the insured person fails to appear at a doctor's consultation at the prescribed time without good reason;
- 5) the insured person receives income subject to social tax specified in clause 2 (1) 1) or 3) of the Social Tax Act for the period of the temporary incapacity for work.
- 6) the insured person is on vacation or on care leave during vacation.

PART IV – UNEMPLOYMENT BENEFIT

Article 19

Each Contracting Party for which this part of the Code is in force shall secure to the persons protected the provision of unemployment benefit in accordance with the following articles of this part.

Article 20

The contingency covered shall include suspension of earnings, as defined by national laws or regulations, due to inability to obtain suitable employment in the case of a person protected who is capable of, and available for, work.

The contingency covered shall include the situation where a person has not left his/her last place of employment or position on his/her own initiative (except in the cases mentioned in subsections § 37 (5), § 91 (2) and § 107 (2) of the Employment Contracts Act), by agreement with employer (§ 79 of the Employment Contracts Act) or due to wrongful behaviour (clauses § 88 (1) 3)-8) of the Employment Contracts Act, § 94 of the Public Service Act). Thus, a person is entitled to receive unemployment insurance benefit, for example, if the person was made redundant, his/her employer has been liquidated, his/her employment contract was terminated at the probation period on employer's initiative, employer has cancelled employment contract because of a long-term working inability of the employee, his/her fixed-term employment contract expired.

Article 21

The persons protected shall comprise:

- a. prescribed classes of employees, constituting not less than 50 per cent of all employees; or
- b. all residents whose means during the contingency do not exceed limits prescribed in such a manner as to comply with the requirements of Article 67.

A. The recourse is had to the sub-paragraph a of this Article

B. The insured persons shall comprise an employee, an official, a natural person providing services on the basis of a contract under the law of obligations, a Public Conciliator, a member of a rural municipality or city government, a rural municipality or city district elder, a non-working spouse accompanying an official on a long-term assignment abroad, and a non-working spouse accompanying an official serving in a foreign mission of the Republic of Estonia (subsection § 3 (1) of the Unemployment Insurance Act). The insurance cover does not apply to self-employed persons, notaries, bailiffs or another independent persons engaging in a profession in public law, old-age pensioners or other persons listed in subsection § 3 (2) of the Unemployment Insurance Act.

C. In 2015, according to Estonian Tax and Customs Board, unemployment insurance premiums were collected from 612 216 insured persons. The total number of employed and unemployed persons was 683 200 in 2014 (according to Statistics Estonia). Therefore 89,6% of the total number of employed and unemployed persons was insured.

Number of insured persons by collection of unemployment insurance premiums

	Insured persons	
2015	612 216	Estonian Tax and Customs Board data
2014	608 476	Estonian Tax and Customs Board data
2013	598 544	Estonian Tax and Customs Board data
2012	596 351	Estonian Tax and Customs Board data
2011	588 031	Estonian Tax and Customs Board data

Total number of employed and unemployed persons

	Total	
2015	683 200	Statistics Estonia data
2014	674 400	Statistics Estonia data
2013	680 000	Statistics Estonia data
2012	683 400	Statistics Estonia data
2011	688 000	Statistics Estonia data

Number of insured persons per cent of total number of employed and unemployed, %

	%
2015	89.6
2014	90.2
2013	88.0
2012	87.3
2011	85.5

In 2015. the unemployment insurance premiums from insured persons added up to 97 376 thousand euros and the unemployment insurance premiums from employers added up to 52 433 thousand euros.

	Unemployment insurance premiums from insured persons, thousand euros	Unemployment insurance premiums from employers, thousand euros	Total of unemployment insurance premiums, thousand euros	
2015	97 376	52 433	149 809	(Unemployment Insurance Fund data)
2014	113 517	61 124	174 641	(Unemployment Insurance Fund data)
2013	105 306	56 699	162 005	(Unemployment Insurance Fund data)
2012	137 160	73 846	211 006	(Unemployment Insurance Fund data)
2011	126 336	68 022	194 358	(Unemployment Insurance Fund data)

Article 22

1. Where classes of employees are protected, the benefit shall be a periodical payment calculated in such a manner as to comply either with the requirements of Article 65 or with the requirements of Article 66.
2. Where all residents whose means during the contingency do not exceed prescribed limits are protected, the benefit shall be a periodical payment calculated in such a manner as to comply with the requirements of Article 67; provided that a prescribed benefit shall be guaranteed, without means test, to the prescribed classes of employees determined in accordance with Article 21.a.

A. The recourse is had to the provisions of Article 65 of the Code

Unemployment insurance benefit is taxable with income tax. In 2015 the income tax rate was 20% and the income tax exemption is 154 euros a month.

B, C. The average income of insured persons taxable with social tax was 969.05 euros per month in 2015 (data by the Social Insurance Board). Respectively, the gross earnings of a regular skilled male worker pursuant to Article 65 (6) (c) of the Code were as follows in 2015:

$$1.25 * 969.06 = 1211,32 \text{ euros.}$$

D. The amount of unemployment insurance benefit to a standard beneficiary (during the first 100 days of unemployment) in a month was:

$0.5 * 1211,32 = 605,66$ euros.

E, F. In 2015, the amount of family benefits for a standard beneficiary with two children amounted to 90 euros per month. Payment of family benefits is not related with working/not working or receiving other benefits, i.e. the same family benefit is paid both while working and during unemployment.

G. Accordingly, the gross replacement rate of a standard beneficiary of unemployment insurance benefit was:

$(605,66+90,00) / (1211,32 +90,00) = 53,5\%$.

B.C. .The average income of insured persons taxable with social tax, euros

	euros	
2015	969.05	(Social Insurance Board)
2014	908.12	(Social Insurance Board)
2013	849.65	(Social Insurance Board)
2012	792.75	(Social Insurance Board)
2011	744.73	(Social Insurance Board)

Gross wage of a regular skilled male worker, euros

	euros	
2015	1211.32	(Social Insurance Board)
2014	1135.15	(Social Insurance Board)
2013	1062.06	(Social Insurance Board)
2012	990.94	(Social Insurance Board)
2011	930.91	(Social Insurance Board)

D. The amount of unemployment insurance benefit to a standard beneficiary (during the first 100 days of unemployment)

	euros	
2015	605.66	(Social Insurance Board)
2014	567.58	(Social Insurance Board)
2013	531.03	(Social Insurance Board)
2012	495.47	(Social Insurance Board)
2011	465.46	(Social Insurance Board)

E, F. Family benefits for a standard beneficiary (corresponds to child allowance paid to a family with 2 children)

	euros	
2015	90.00	(Ministry of Social Affairs)
2014	38.35	(Ministry of Social Affairs)
2013	38.35	(Ministry of Social Affairs)
2012	38.35	(Ministry of Social Affairs)
2011	38.35	(Ministry of Social Affairs)

G. Gross replacement rate of a standard beneficiary of unemployment insurance benefit, %

	%
2015	53.5
2014	51.6
2013	51.7
2012	51.9
2011	54.1

Article 23

The benefit specified in Article 22 shall, in a contingency covered, be secured at least to a person protected who has completed such qualifying period as may be considered necessary to preclude abuse.

According to the sub-section §6 (2) of Unemployment Insurance Act the insured persons have the right to receive unemployment insurance benefits if their unemployment insurance period is at least twelve months during the thirty-six months prior to registration as unemployed.

Article 24

1. The benefit specified in Article 22 shall be granted throughout the contingency, except that its duration may be limited:

- a. where classes of employees are protected, to 13 weeks within a period of 12 months, or to 13 weeks in each case of suspension of earnings; or
- b. where all residents whose means during the contingency do not exceed prescribed limits are protected, to 26 weeks within a period of 12 months; provided that the duration of the prescribed benefit, guaranteed without means test, may be limited in accordance with sub-paragraph a of this paragraph.

2. Where national laws or regulations provide that the duration of the benefit shall vary with the length of the contribution period and/or the benefit previously received within a prescribed period, the provisions of paragraph 1 of this article shall be deemed to be fulfilled if the average duration of benefit is at least 13 weeks within a period of 12 months.

3. The benefit need not be paid for a waiting period of the first seven days in each case of suspension of earnings, counting days of unemployment before and after temporary employment lasting not more than a prescribed period as part of the same case of suspension of earnings.

4. In the case of seasonal workers the duration of the benefit and the waiting period may be adapted to their conditions of employment.

1. Starting from July 1, 2014, the insurance accumulation period is accounted in months and years. Every 12 months of an insurance accumulation period are accounted as one year of the insurance accumulation period.

According to the provisions of subsection §8 (1) of Unemployment Insurance Act If the insured person's insurance accumulation period is:

- shorter than 5 years, the Unemployment Insurance Fund grants the benefit for 180 calendar days;
- 5 to 10 years, the Unemployment Insurance Fund grants the benefit for 270 calendar days;
- 10 years or more, the Unemployment Insurance Fund grants the benefit for 360 calendar days.

2. Summary of the computation rules is provided above.

3. According to the provisions of subsection §11 (5) of Unemployment Insurance Act the unemployment insurance benefit is calculated as of the eighth day after submission of an application for the unemployment insurance benefit, not earlier than as of the eighth day of registration of the person as unemployed. Under current legislation temporary employment is not authorized during the period when a person is registered as unemployed (sub-section § 6 (5) 3) of the Labour Market Services and Benefits Act).

4. No provisions are adopted for the seasonal workers.

5. According to the provisions of subsection §13 (1) of Unemployment Insurance Act the payment of an unemployment insurance benefit is terminated if the insured person refuses, without good reason, to comply with the Individual Action Plan provided in § 10 of the Labour Market Services and Benefits Act or the suitable employment provided in subsections 12 (3) and (4) of the same Act.

PART V – OLD-AGE BENEFIT

Article 25

Each Contracting Party for which this part of the Code is in force shall secure to the persons protected the provision of old-age benefit in accordance with the following articles of this part.

Article 26

1. The contingency covered shall be survival beyond a prescribed age.
2. The prescribed age shall be not more than 65 years or than such higher age that the number of residents having attained that age is not less than 10 per cent of the number of residents under that age but over 15 years of age.
3. National laws or regulations may provide that the benefit of a person otherwise entitled to it may be suspended if such person is engaged in any prescribed gainful activity or that the benefit, if contributory, may be reduced, where the earnings of the beneficiary exceed a prescribed amount and, if non-contributory, may be reduced where the earnings of the beneficiary or his other means or the two taken together exceed a prescribed amount.

As of 2016, the retirement age for both men and women has been equalized to 63 years. The regulation in force does not foresee suspension or reduction of the payment of old-age benefit, if the person is engaged with any kind of gainful activity.

Article 27

The persons protected shall comprise:

- a. prescribed classes of employees, constituting not less than 50 per cent of all employees; or
- b. prescribed classes of the economically active population, constituting not less than 20 per cent of all residents; or
- c. all residents whose means during the contingency do not exceed limits prescribed in such a manner as to comply with the requirements of Article 67.

A. The recourse is had to the sub-paragraph (b) of Article 27 of the Code.

B. In 2016, a person who has become 63 years old (birth year 1953) and whose length of employment in Estonia is at least 15 years is entitled to receive the old-age pension. One year towards the accumulation period of an insured person shall be calculated for the insured person for whom the pension insurance part of individually registered social tax has been paid or calculated pursuant to the Social Tax Act in an amount equal to at least the minimum wage for a year. Old-age pensions shall be granted to permanent residents of Estonia and aliens residing in Estonia on the basis of temporary residence permits or temporary right of residence.

National pension ensures the minimum pension for those people who have attained the age of old-age pension and who do not become entitled to old-age pension based on work contribution and who have been permanent residents of Estonia or have resided in Estonia on the basis of a temporary residence permit or temporary right of residence for at least five years immediately before making a pension claim. As of 01.04.2016, the amount of national pension is 167.40 euros per month and its payment will not be suspended or reduced, if the person is engaged with any kind of gainful activity. National pension is adjusted by a retirement index once a year.

C. Statistical information (Article 74):

- a) the number of economically active insured persons as of December 31, 2015 was 615 333 (data by Estonian Health Insurance Fund);
- b) the total population of Estonia as of January 1, 2016 was 1 315 944 (data by Statistics Estonia);
- c) number of economically active insured persons was 46,8% of total population.

a) number of economically active insured persons as of December 31

2015	615 333	(Estonian Health Insurance Fund)
2014	600 998	(Estonian Health Insurance Fund)
2013	584 094	(Estonian Health Insurance Fund)
2012	575 277	(Estonian Health Insurance Fund)
2011	568 434	(Estonian Health Insurance Fund)

b) total population of Estonia as of January 1

2016	1 315 944	(Statistics Estonia)
2015	1 313 271	(Statistics Estonia)
2014	1 315 819	(Statistics Estonia)
2013	1 320 174	(Statistics Estonia)
2012	1 325 217	(Statistics Estonia)

c) economically active insured persons per cent of total population

	%
2015	46,8
2014	45,8
2013	44.4
2012	43.5
2011	42.9

D. Non-applicable

Article 28

The benefit shall be a periodical payment calculated as follows:

- where classes of employees or classes of the economically active population are protected, in such a manner as to comply either with the requirements of Article 65 or with the requirements of Article 66;
- where all residents whose means during the contingency do not exceed prescribed limits are protected, in such a manner as to comply with the requirements of Article 67.

A. Recourse is had to Article 66 of the Code with regard to the calculation of old-age pension.

As of April 1, 2015 the base amount for pension was 144,2585 euros per month, the monthly national pension rate was 158,37 euros and the value of a year was 5,245 euros per month.

According to the Income Tax Act, income tax is charged in 2015 on the component of pension that exceeds 220 euros per month. Every person, including an old-age pensioner, is entitled to receive additional basic exemption of 154 euros per month. Therefore, pensioners are entitled to a basic exemption of 374 (220+154) euros per month in 2015. Any amounts above this sum will be subject to 20% income tax. Taxation by income tax will be imposed cumulatively and on accrual basis.

As of April 1, 2016 the base amount for pension is 153,3035 euros per month, the monthly national pension rate is 167,40 euros and the value of a year is 5,514 euros per month.

According to the Income Tax Act, income tax is charged in 2016 on the component of pension that exceeds 225 euros per month. Every person, including an old-age pensioner, is entitled to receive additional basic exemption of 170 euros per month. Therefore, pensioners are entitled to a basic exemption of 395 (225+170) euros per month in 2016. Any amounts above this sum will be subject to 20% income tax. Taxation by income tax will be imposed cumulatively and on accrual basis.

Titles I and III Article 66

a. Regular unskilled male worker is defined as an unskilled male industry worker (ISCO-08 International Standard Classification of Occupations, occupation code 9).

Gross wage of a regular unskilled male worker is calculated and forecasted on the basis of gross hourly wage of a male worker in processing industry. Processing industry was chosen because it has been the industry with the largest number of employees (18,8% of all employees) for years (120.6 thousand employees in 2015).

b. In 2015, the average gross hourly wage of a male worker working in processing industry for full-time and part-time work was 6.95 euros. The calculated average gross hourly wage of a regular unskilled male worker for full-time and part-time work was 4 euros and 86 cents (i.e., 70% of the male worker's gross

hourly wage). The calculation is based on Statistics Estonia gender gap pay survey from October 2015 (PA5335) and October 2014 survey (gross hourly wage for workers with full-time and part-time work, PS 632). Thus, the calculated average gross monthly wage of a regular unskilled male worker was 787,39 euro and the calculated net monthly wage was 638,03 euros (average estimated number of working hours in processing industry was 154 hours a month in 2015 according to Statistics Estonia). The income tax exemption for 2015 was 154 euros per month, the income tax rate was 20%, the unemployment insurance premium rate was 1.6% and the rate of contributions to the mandatory funded pensions (the second pillar of pension insurance) for people who had joined pension insurance was 2%.

c. According to the pension formula, in 2015 the old-age pension of a beneficiary with a pensionable period of 30 years was $144,2585 + 5,245 \cdot 30 = 301,61$ euros

c. According to the pension formula, in 2016 the old-age pension of a beneficiary with a pensionable period of 30 years was $153,3035 + 5,514 \cdot 30 = 318,72$ euros

d, e. The persons with pension insurance shall still not receive family benefit for their wife during their work or pension period.

f. In 2015 the old-age pension of a standard beneficiary (a man with a wife of pensionable age) formed $(301,61 + 158,37) / 638,03 \cdot 100 = 72,1\%$ of a regular unskilled male worker's net wage.

a) the old-age pension of a beneficiary with a pensionable period of 30 years, euros

	the old-age pension with a pensionable period of 30 years	Pension components			
		Base part	National pension rate	Value of a year	
2015	301.61	144.2585	158.37	5.245	(Social Insurance Board)
2014	283.83	134.9093	148.98	4.964	(Social Insurance Board)
2013	268.36	126.8183	140.81	4.718	(Social Insurance Board)
2012	255.66	120.2069	134.1	4.515	(Social Insurance Board)
2011	244.95	114.6575	128.45	4.344	(Social Insurance Board)

d, e) Gross and net monthly wage of a regular unskilled male worker in processing ¹, euros

	Gross wage	Net wage
2015	787.39	638.03
2014 ¹	721.35	577.31
2013	624.4	503.78
2012	581.55	467.61
2011	560	455

¹ Data for the year 2014. is updated (In a report submitted in 2015 the gross and net monthly wage of a regular unskilled male worker was 658.49 and 529,64 euros respectively).

f) Old-age pension of a standard beneficiary (a man with a woman of pensionable age) per cent of a regular unskilled male worker

	%
2015	72.1
2014 ¹	75.0
2013	81.2
2012	83.4
2011	81.7

¹ Data for the year 2014 is updated as the corresponding data on gross and net monthly wage of a regular unskilled male worker was recalculated (*In the report submitted in 2015 the percentage for the year 2014 was 81,7*).

Article 29

1. The benefit specified in Article 28 shall, in a contingency covered, be secured at least:
 - a. to a person protected who has completed, prior to the contingency, in accordance with prescribed rules, a qualifying period which may be 30 years of contribution or employment, or 20 years of residence; or
 - b. where, in principle, all economically active persons are protected, to a person protected who has completed a prescribed qualifying period of contribution and in respect of whom while he was of working age, the prescribed yearly average number of contributions has been paid.
2. Where the benefit referred to in paragraph 1 of this article is conditional upon a minimum period of contribution or employment, a reduced benefit shall be secured at least:
 - a. to a person protected who has completed, prior to the contingency, in accordance with prescribed rules, a qualifying period of 15 years of contribution or employment; or
 - b. where, in principle, all economically active persons are protected, to a person protected who has completed a prescribed qualifying period of contribution and in respect of whom, while he was of working age, half the yearly average number of contributions prescribed in accordance with paragraph 1.b of this article has been paid.
3. The requirements of paragraph 1 of this article shall be deemed to be satisfied where a benefit calculated in conformity with the requirements of Part XI but at a percentage of ten points lower than shown in the Schedule appended to that part for the standard beneficiary concerned is secured at least to a person protected who has completed, in accordance with prescribed rules, ten years of contribution or employment, or five years of residence.
4. A proportional reduction of the percentage indicated in the Schedule appended to Part XI may be effected where the qualifying period for the benefit corresponding to the reduced percentage exceeds ten years of contribution or employment but is less than 30 years of contribution or employment; if such qualifying period exceeds 15 years, a reduced benefit shall be payable in conformity with paragraph 2 of this article.
5. Where the benefit referred to in paragraphs 1, 3 or 4 of this article is conditional upon a minimum period of contribution or employment, a reduced benefit shall be payable under prescribed conditions to a person protected who, by reason only of his advanced age when the provisions concerned in the application of this part come into force, has not satisfied the conditions prescribed in accordance with paragraph 2 of this article, unless a benefit in conformity with the provisions of paragraphs 1, 3 or 4 of this article is secured to such person at an age higher than the normal age.

1. In case of old-age pension, the pension qualifying period is at least 15 years of the person earned in Estonia.

A pension qualifying period is a period during which an insured person is engaged in an activity which grants the right to receive a state pension. It shall be divided as follows:

- 1) the years of pensionable service which are calculated until 31 December 1998;**
- 2) the accumulation period which is calculated as of 1 January 1999.**

Years of pensionable service (period of employment)

Years of pensionable service include the period of employment when the employer was obliged to pay social tax. The period mentioned in subsection § 28 (2) of the State Pension Insurance Act shall also be included in the years of pensionable service. Years of pensionable service shall be calculated to the accuracy of a day. Compliance with the requirement for a pension qualifying period shall be determined on the basis of unrounded years of pensionable service.

Accumulation period (period of making contributions)

As of 1 January 1999, accumulation period shall be calculated as a pension qualifying period. One year towards the accumulation period of an insured person shall be calculated for the insured person for whom the pension insurance part of individually registered social tax has been paid or calculated pursuant to the Social Tax Act in an amount equal to at least the minimum wage for a year. Up to one year of accumulation period shall be calculated for one calendar year.

2. Nonapplicable. In Estonia, a qualifying period is 15 years of the pension accumulation period which is less than the requirement provided for in subsection 1 of Article 28 of the Code (30 years). Pension

accumulation period is not calculated on the basis of the average contribution, but on the basis of the contribution calculated on the minimum rate of salary, which is also more favourable to the insured person than the requirement provided for in subsection 1 b of Article 28 of the Code. Upon attainment of fifteen years of qualifying period, old-age benefit shall be paid out in full.

3. Non-applicable

4. Non-applicable

5. Non-applicable

Article 30

The benefits specified in Articles 28 and 29 shall be granted throughout the contingency.

The old-age benefit is granted throughout the contingency and cannot be suspended.

PART VII – FAMILY BENEFIT

Article 39

Each Contracting Party for which this part of the Code is in force shall secure to the persons protected the provision of family benefit in accordance with the following articles of this part.

Article 40

The contingency covered shall be responsibility for the maintenance of children as prescribed.

All permanent residents of Estonia or aliens residing in Estonia on the basis of temporary residence permits or temporary right of residence are entitled to receive family benefit. Employment or the amount of income are not prerequisites for eligibility to receive family benefit. Only family benefit, which amount depends on the previous income of the beneficiary, is parental benefit, but also the persons who have not worked in the period used as a basis for the calculation of the amount of benefit are entitled to receive the minimum amount of parental benefit.

The following table summarizes the condition for payment of periodical benefits set out in Article 42 (amounts of benefits set out in Article 42)

Type of benefit	General payment procedure
Monthly family benefits aimed at ensuring to the families with children a partial compensation of the expenses related to fostering, raising and education of children The amount of benefit does not depend on the employment or income of the beneficiary	
Child allowance, single parent's child allowance, conscript's child allowance or child allowance of person in alternative service	Allowance shall be paid to one of the parents who raises a child of up to 16 years of age Payment of allowance shall continue when a child attains 16 years of age until the child attains 19 years of age, only if the child continues to study in a basic school, upper secondary school or in formal vocational education. The amount of child allowance is differentiated according to the number of children in the family, the amount of the remaining benefits remains the same.
Child care allowance	Allowance to the parent raising a child being below the age of three years, which shall not be paid to the beneficiaries of maternity, adoption and parental benefits. The amount of allowance depends on the age of a child.
Foster care allowance	Allowance shall be paid to the guardian or caregiver of a child under guardianship or foster care and without parental care. Allowance shall be paid until termination of guardianship or foster care. If guardianship or foster care terminates when a child attains 18 years of age, the allowance shall be paid until the end of the school year when the child attains 19 years of age.
Parent's allowance for families with seven or more children	Allowance shall be paid to one of the parents or the guardian or caregiver who is raising in his/her family seven or more children who are up to 16 years of age. Upon establishing the allowance, the children exceeding the mentioned age limit shall be taken into account only if they continue to study in a basic school, upper secondary school or in formal vocational education.
Monthly family benefit aimed at compensating the income not received because of raising a child being below the age of three years. To the person, who has not received income, shall be ensured the income in the amount of the benefit.	

Parental benefit	Payment of parental benefit commences as of the date following the final date of the certificate for maternity leave or a certificate for adoption leave and the benefit shall be granted for the period of 435 days as of the date on which the right to receive the benefit arises. If the mother of the child does not have the right to receive maternity benefit, parental benefit shall be granted until the day the child attains 18 months of age.
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Article 41

The persons protected shall comprise, as regards the periodical payments specified in Article 42:

- prescribed classes of employees, constituting not less than 50 per cent of all employees; or
- prescribed classes of the economically active population, constituting not less than 20 per cent of all residents.

A. The recourse is had to the sub-paragraph (b) of Article 41 of the Code

B. Protected persons are all permanent residents of Estonia or aliens residing in Estonia on the basis of temporary residence permits or temporary right of residence.

C. Statistical information *Title II Article 74*:

Title II of Article 74 is not the most suitable for getting statistical data on persons affected by the State Family Benefits Act. Therefore, in order to show the fulfilment of the requirements in Article 41 of the Code, the number of covered persons shall be deemed equal to the total number of male population of economically active age (15–64).

- In 2015, the number of Estonian male population aged 15–64 was 423,583 (Statistics Estonia);**
- In 2015, the total population of Estonia (annual average) was 1,314,608 (Statistics Estonia);**
- The number of covered persons amounted to 32.2% of the total population.**

a) number of Estonian male population aged 15–64 (annual average)

2015	423 583	(Statistics Estonia)
2014	425 348	(Statistics Estonia)
2013	428 714	(Statistics Estonia)
2012	432 428	(Statistics Estonia)
2011	436 109	(Statistics Estonia)

b) total population of Estonia (annual average)

2015	1 314 608	(Statistics Estonia)
2014	1 314 545	(Statistics Estonia)
2013	1 317 997	(Statistics Estonia)
2012	1 322 696	(Statistics Estonia)
2011	1 327 439	(Statistics Estonia)

Notes (Statistics Estonia):

Data for 2000-2013 recalculated on January 17, 2014.

Corresponding changes made for years 2011 and 2012.

c) covered persons per cent of total population

	%
2015	32.2
2014	32.4
2013	32.5
2012	32.7
2011	32.9

Article 42

The benefit shall be:

- a. a periodical payment granted to any person protected having completed the prescribed qualifying period; or
- b. the provision to or in respect of children of food, clothing, housing, holidays or domestic help; or
- c. a combination of the benefits provided for in sub-paragraphs a and b of this article.

The recourse is had to the sub-paragraph (a) of Article 42 of the Code

A. Gross monthly wage of a regular unskilled male worker was 787,39 euros in 2015 (see information provided under Article 28).

B. The total amount of family benefits (excluding parental benefits and (one-time) childbirth allowance) for 2015 was 174.581 million euros (data by the Ministry of Social Affairs), which makes on average 14.55 million euros per month.

B. i. The number of children (average, entitled to payment of child allowance) was 222,527 in 2015 (data by Statistics Estonia, children 0–15 years of age);

ii. In 2015, the total value of family benefits was 8.3% of the multiplication of the gross wage of a regular unskilled male worker by the children of all residents.

ii. In 2014, the total value of family benefits was 5.04% of the multiplication of the gross wage of a regular unskilled male worker by the children of all residents.

A. Gross monthly wage of a regular unskilled male worker, euros

	euros	
2015	787.39	(initial data by Statistics Estonia)
2014	721.35	(initial data by Statistics Estonia)
2013	624.4	(initial data by Statistics Estonia)
2012	581.55	(initial data by Statistics Estonia)
2011	560	(initial data by Statistics Estonia)

B. total amount of family benefits, millions of euros

	millions of euros	
2015	174.581	Ministry of Social Affairs
2014	96.074	Ministry of Social Affairs
2013	94.415	Ministry of Social Affairs
2012	92.866	Ministry of Social Affairs
2011	93.900	Ministry of Social Affairs

C.

i. Number of childre entitled to payment of child allowance

	Children 0-15 y.o (annual average)	
2015	222 527	Statistics Estonia
2014	220 345	Statistics Estonia
2013	219 029	Statistics Estonia
2012	218 362	Statistics Estonia
2011	217 441	Statistics Estonia

ii. **total value of family benefits per cent of t of the multiplication of the gross wage of a regular unskilled male worker by the children of all residents**

	%
2015	8.3
2014 ¹	5.04
2013	5.75
2012	6.09
2011	6.43

¹ According to gross wage presented in previously the percentage 5.52.

Periodical benefits and their amounts:

Type of benefit	Amount of benefit
Child allowance	- for the first and second child of family - 50 euros per month - for third and every consequent child - 100 euros per month.
Single parent's child allowance	19.18 euros per month
Conscript's child allowance or child allowance of person in alternative service	47.95 euros per month
Child care allowance	- to the parent raising a child of up to three years of age or to the person other than a parent who uses parental leave 38.35 euros for each child of up to 3 years of age per month; - in the family where in addition to the child of up to 3 years of age, there are also children between 3 and 8 years of age, to one parent 19.18 euros per month for each child between 3 and 8 years of age; - in the family with three or more children who are at least 3 years of age and who receive child allowance to one parent 19.18 euros per month for each child between 3 and 8 years of age. A person who is paid child care allowance has the right to receive additional child care allowance for each child of up to one year of age. The amount of additional child care allowance is 6.40 euros. Child care allowance shall not be paid, if a parent receives parental benefit.
Foster care allowance	240 euros per month
Parent's allowance for family with seven or more children	Family benefit for the family with seven or more children is 168.74 euros per month.
Parental benefit	The amount of benefit is calculated on the basis of the applicant's average income of one calendar month of the preceding calendar year and it is generally 100% of the average income of one calendar month of the preceding calendar year subject to social tax. The ceiling for parental benefit is 2,724.36 euros per month. The parental benefit rate is 390 euros per month. Parental benefit in the amount of the benefit rate is paid to a person who had no income taxable with social tax in the preceding calendar year (e.g. not working students).

Article 43

The benefit specified in Article 42 shall be secured at least to a person protected who, within a prescribed period, has completed a qualifying period which may be one month of contribution or employment, or six months of residence, as may be prescribed.

In case of family benefits, the qualifying period is not required. All the residents are entitled to receive the benefits as of the first day of registration of residence in Estonia (entering the data of a person's residence in the population register).

Article 44

The total value of the benefits granted in accordance with Article 42 to the persons protected shall be such as to represent 1.5 per cent of the wage of an ordinary adult male labourer as determined in accordance with the rules laid down in Article 66, multiplied by the total number of children of all residents.

Article 45

Where the benefit consists of a periodical payment, it shall be granted throughout the contingency.

Payment of family benefits shall be suspended, if:

- the recipient of benefit does not fulfil the obligation to raise and care for the child. Payment of the prescribed benefits shall continue to the actual person raising the child, who can be a spouse of a parent, foster parent, guardian or caregiver of the child. Both the suspension and continuance of the benefit shall take place on the basis of the order of a rural municipality or city government or court judgment;
- if a judgment by which a person is sentenced to imprisonment has entered into force and the sentence of imprisonment is enforced. Payment of benefits shall be suspended for the time of the serving of the punishment. In general, payment of the prescribed benefits shall continue to the actual person raising the child, who can be other parent, foster parent, guardian or caregiver of the child. The parental benefit that is dependent on the previous income of the recipient is an exception here.

Payment of family benefits shall be suspended, if:

- it becomes evident that the child does not live with the recipient of family benefit, i.e. the recipient of family benefit is not actually raising the child.

PART VIII – MATERNITY BENEFIT

Article 46

Each Contracting Party for which this part of the Code is in force shall secure to the persons protected the provision of maternity benefit in accordance with the following articles of this part.

Article 47

The contingencies covered shall include pregnancy and confinement and their consequences, and suspension of earnings, as defined by national laws or regulations resulting therefrom.

Article 48

The persons protected shall comprise:

- a. all women in prescribed classes of employees, which classes constitute not less than 50 per cent of all employees, and, for maternity medical benefit, also the wives of men in these classes; or
- b. all women in prescribed classes of the economically active population, which classes constitute not less than 20 per cent of all residents, and, for maternity medical benefit, also the wives of men in these classes.

A. The recourse is had to the sub-paragraph (b) of Article 48 of the Code

B. Insured persons are set out in Part B of Article 15.

Pursuant to subsection § 50 (1) of the Health Insurance Act, the benefit for temporary incapacity for work, including maternity benefit, is financial compensation paid by the health insurance fund to an insured person on the basis of a certificate of incapacity for work in cases where the person does not receive income subject to individually registered social tax due to a temporary release from the their duties or economic or professional activity.

Pursuant to subsection § 51 (2) of the Health Insurance Act, the insured event in respect of which maternity benefit is paid to an insured person is the pregnancy and maternity leave of the insured person and without pregnancy and maternity leave to the members of management or controlling bodies of legal persons and persons receiving remuneration and service fees based on contract under law of obligations, self-employed persons and a spouse participating in the operation of his/her undertaking. The basis for the calculation of maternity benefit is given in § 58 of the Health Insurance Act.

Maternal benefit will not be paid to persons covered by insurance on the grounds specified in clauses 5 (2) 3) (persons for whom social tax is paid by state, local authority or artistic association) and 6) (persons receiving an unemployment insurance benefit on the basis of the Unemployment Insurance Act) or subsection (4) (persons considered equal to insured persons) of the Health Insurance Act or to persons considered equal to insured persons on the basis of a contract. The aforementioned persons are entitled to receive all other health insurance benefits equal to the persons receiving maternal benefit.

C. Updated statistical information

- a) In 2015, the number of Estonian female population aged 15–64 was 423,583 (Statistics Estonia);
- b) In 2015, the total population of Estonia (annual average) was 1,314,608 (Statistics Estonia);
- c) The number of covered persons amounted to 32.2% of the total population.

a) number of Estonian female population aged 15–64 (annual average)

2015	432 167	(Statistics Estonia)
2014	436 323	(Statistics Estonia)
2013	441 942	(Statistics Estonia)
2012	447 722	(Statistics Estonia)
2011	453 155	(Statistics Estonia)

b) total population of Estonia (annual average)

2015	1 314 608	(Statistics Estonia)
2014	1 314 545	(Statistics Estonia)
2013	1 317 997	(Statistics Estonia)

2012	1 322 696	(Statistics Estonia)
2011	1 327 439	(Statistics Estonia)

Notes (Statistics Estonia):

Data for 2000-2013 recalculated on January 17, 2014.

Corresponding changes made for years 2011 and 2012.

c) covered persons per cent of total population

	%
2015	32.9
2014	33.2
2013	33.5
2012	33.8
2011	34.1

D. All pregnant women living in Estonia have an individual right to medical care, this right is not related to the insurance status of their spouses. Pursuant to clause § 5 (4) 1) of the Health Insurance Act, pregnant women, whose pregnancy has been identified by a doctor or a midwife and for whom are ensured all the health insurance benefits, except benefits for temporary incapacity for work, including maternal benefit in case they are not working, are considered to be equal to insured persons.

E. Non-applicable

Article 49

1. In respect of pregnancy and confinement and their consequences, the maternity medical benefit shall be medical care as specified in paragraphs 2 and 3 of this article.
2. The medical care shall include at least:
 - a. pre-natal, confinement and post-natal care either by medical practitioners or by qualified midwives; and
 - b. hospitalisation where necessary.
3. The medical care specified in paragraph 2 of this article shall be afforded with a view to maintaining, restoring or improving the health of the woman protected and her ability to work and to attend to her personal needs.
4. The institutions or government departments administering the maternity medical benefit shall, by such means as may be deemed appropriate, encourage the women protected to avail themselves of the general health services placed at their disposal by the public authorities or by other bodies recognised by the public authorities.

A. Pursuant to § 29 of the Health Insurance Act, the health insurance fund will pay for health services if the services are entered in the list of health services of the health insurance fund and the provision thereof is therapeutically justified. Health Insurance Fund will pay for the services to the health service provider on the basis of a contract for financing medical treatment.

The list of the services funded by Estonian Health Insurance Fund is provided in Regulation no. 138 of the Government of the Republic of December 18, 2015 "List of Health Services of Estonian Health Insurance Fund". The list includes, inter alia, monitoring of pregnancy, obstetrical care and gynaecological examinations and procedures and postnatal services.

B. Insured persons is not obliged to pay for health services. Pursuant to the Health Insurance Act, it is not allowed to charge from pregnant woman a visit fee upon provision of outpatient specialised medical care and home visit, and it is also not allowed to charge an in-patient fee upon provision of in-patient specialised medical care in connection with pregnancy or delivery.

C. Please see points A and B above

Article 50

In respect of suspension of earnings resulting from pregnancy and from confinement and their consequences, the benefit shall be a periodical payment calculated in such a manner as to comply either with the requirements of

Article 65 or with the requirements of Article 66. The amount of the periodical payment may vary in the course of the contingency, subject to the average rate thereof complying with these requirements.

A. For the calculation of the in cash (maternity) benefit the recourse is had to the Article 65 of the Code
B. Updated statistical information Titles I and V, Article 65 of the Code

a. Maternity benefit is subject to income tax. In 2015, the income tax rate was 20% and the income tax exemption was 154 euros; in 2016, the income tax rate is 20% and the income tax exemption is 170 euros.

In 2015, the minimum wage was 390 euros per month in case of full-time work and accordingly the upper limit for the income taxable with social tax for sole proprietors was 5,850 euros per month. As of January 1, 2016 the minimum monthly wage for full-time work is 430 euros per month and accordingly the upper limit for the income taxable with social tax for sole proprietors is 6,450 euros per month.

b, c. In 2015, the pursuant to Article 65 (6) (c) were 1,211.32 euros.

Gross earnings of a regular skilled male worker, euros

	Gross earnings of a regular skilled male worker, euros	
2015	1211.32	(initial data by Social Insurance Board)
2014	1135.15	(initial data by Social Insurance Board)
2013	1062.06	(initial data by Social Insurance Board)
2012	990.94	(initial data by Social Insurance Board)
2011	930.91	(initial data by Social Insurance Board)

d. In 2015, the standard beneficiary's maternity benefit per month was:

1,00 * 1211,32 = 1211,32 euros.

Standard beneficiary's maternity benefit per month and maternity benefit gross replacement rate

	Standard beneficiary's maternity benefit per month, euros	maternity benefit gross replacement rate, %
2015	1211.32	100
2014	1135.15	100
2013	1062.06	100
2012	990.94	100
2011	930.91	100

g. Standard beneficiary's maternity benefit gross replacement rate was:

1211,32/ 1211,32 = 100%.

Pursuant to § 59 of the Employment Contracts Act, a woman has the right to pregnancy and maternity leave of 140 calendar days. The leave becomes collectible at least 70 calendar days before the estimated date of birth determined by a doctor or midwife. If a woman starts using pregnancy and maternity leave less than 30 days before the estimated date of birth determined by a doctor or midwife, the pregnancy and maternity leave is shortened by the respective period.

Pursuant to § 58 of the Health Insurance Act, pregnant woman has the right to receive maternity benefit on the basis of a certificate for maternity leave for 140 calendar days if her pregnancy and maternity leave commences at least 30 calendar days before the estimated date of delivery as determined by a doctor or midwife. The number of the days by which the pregnancy and maternity leave of the woman commences after the term of 30 calendar days will be deducted from the period for which the woman has the right to receive maternity benefit.

If a pregnant woman has been provided with work corresponding to her state of health or the conditions of service of a pregnant woman have been eased during her pregnancy, she will have the right to receive the maternity benefit for 140 calendar days if the pregnancy and maternity leave commences at least 70 calendar days before the estimated date of delivery as determined by a doctor or midwife. The number of the days by which the pregnancy and maternity leave of the woman commences after the term of 70 calendar days will be deducted from the period for which the woman has the right to receive maternity benefit.

A person specified in clauses 5 (2) 4) and 5) and in subsections (3) and (31) of the Health Insurance Act has the right to receive the maternity benefit for 140 calendar days on the basis of a certificate for maternity leave. The number of the days by which the certificate for maternity leave is issued later than the term of 30 calendar days will be deducted from the period for which the woman has the right to receive the maternity benefit.

Maternity benefit shall be calculated pursuant to § 55 of the Health Insurance Act (see Article 16). Health Insurance Fund shall pay maternal benefit as of the first day of release from employment, with the rate of benefit of 100% for one calendar day of the average income of one calendar day for up to 140 calendar days. Maternal benefit is taxable with income tax, income tax rate is 20%. No maximum limit of salary is established for the calculation of maternity benefit.

Article 51

The benefit specified in Articles 49 and 50 shall, in a contingency covered, be secured at least to a woman in the classes protected who has completed such qualifying period as may be considered necessary to preclude abuse, and the benefit specified in Article 49 shall also be secured to the wife of a man in the classes protected where the latter has completed such qualifying period.

Please see Article 17 for terms of commencement of insurance protection.

If the data necessary for an entry on commencement of the insurance cover of a person to be made in the health insurance database are submitted to the health insurance fund during the period of validity of the insurance cover of the person, the insurance cover will continue on the new basis without interruption.

Article 52

The benefit specified in Articles 49 and 50 shall be granted throughout the contingency, except that the periodical payment may be limited to 12 weeks, unless a longer period of abstention from work is required or authorised by national laws or regulations, in which event it may not be limited to a period less than such longer period.

1. Please refer to the point B of the Article 50 of the Code

2. Pursuant to clause § 60 (1) 5) and subsection (2) of the Health Insurance Act, the insured person loses the right to maternal benefit, if the insured person receives income subject to social tax specified in clauses 2 (1) 1) or 3) of the Social Tax Act for the period in question.

PART IX – INVALIDITY BENEFIT

Article 53

Each Contracting Party for which this part of the Code is in force shall secure to the persons protected the provision of invalidity benefit in accordance with the following articles of this part.

Article 54

The contingency covered shall include inability to engage in any gainful activity, to an extent prescribed, which inability is likely to be permanent or persists after the exhaustion of sickness benefit.

Benefit for incapacity for work (pension for incapacity for work) shall be granted to the persons between the age of 16 and the pensionable age and persons who are declared permanently incapacitated for work with a 40 to 100 per cent loss of capacity for work

Article 55

The persons protected shall comprise:

- a. prescribed classes of employees, constituting not less than 50 per cent of all employees; or
 - b. prescribed classes of the economically active population, constituting not less than 20 per cent of all residents;
- or
- c. all residents whose means during the contingency do not exceed limits prescribed in such a way as to comply with the requirements of Article 67.

A. The recourse is had to the sub-paragraph (b) of Article 55 of the Code

B. All permanent residents of Estonia and aliens residing in Estonia on the basis of temporary residence permits or temporary right of residence between the age of 16 and the pensionable age.

C. Please refer to the information provided under Article 27

D. Non-applicable

Article 56

The benefit shall be a periodical payment calculated as follows:

- a. where classes of employees or classes of the economically active population are protected, in such a manner as to comply either with the requirements of Article 65 or with the requirements of Article 66;
- b. where all residents whose means during the contingency do not exceed prescribed limits are protected, in such a manner as to comply with the requirements of Article 67.

A. The recourse is had to the Article 66 of the Code

The national pension rate is the minimum guarantee in determination of pension for incapacity for work. Starting with April 1, 2015, the national pension rate was 158.37 euros per month. Starting with April 1, 2015, the national pension rate is 167.40 euros per month.

B. In 2015, the old-age pension for a person with 30 years of pensionable service is 301.61 euros per month. In 2016, the old-age pension for a person with 30 years of pensionable service was 318.72 euros per month (see information under Article 28).

For the taxation of all state pensions (including pensions for incapacity for work), see information under Article 28.

Titles I and II, Article 66

a. For the selection of a regular unskilled male worker, see information under Article.

b. In 2014, the gross wage for a regular unskilled male worker was 658 euros and 49 cents and the net wage was 529 euros and 64 cents (see also information under Article 28). In 2015, the gross wage for a regular unskilled male worker was 787 euros and 39 cents and the net wage was 638 euros and 03 cents (see also information under Article 28).

c. At the end of 2014, the pension for incapacity for work for a standard beneficiary (a person totally incapacitated for work) was at least 283.83 euros. At the end of 2015, the pension for incapacity for work for a standard beneficiary (a person totally incapacitated for work) was at least 301.61 euros.

d, e. In 2014, the family benefit sum paid for a standard beneficiary with two children was 38.35 euros per month. Payment of family benefits is not related to the parents working or receiving other social security benefits, i.e. the same family benefit is paid both while working and during periods of incapacity for work. In 2015, the family benefit sum paid for a standard beneficiary with two children was 90 euros per month. Payment of family benefits is not related to the parents working or receiving other social security benefits, i.e. the same family benefit is paid both while working and during periods of incapacity for work.

f. In 2014, the standard beneficiary's pension for incapacity for work amounted to:

$(283.83 + 38.35) / (529.64 + 38.35) * 100 = 56.7\%$ of a regular unskilled male worker's net wage.

In 2015, the standard beneficiary's pension for incapacity for work amounted to:

$(301.61 + 90.00) / (638.03 + 90.00) * 100 = 53.8\%$ of a regular unskilled male worker's net wage.

a. Gross and net monthly wage of a regular unskilled male, euros

Gross and net monthly wage of a regular unskilled male worker, euros

	Gross wage	Net wage, euros	
2015	787.39	638.03	(initial data by Statistics Estonia)
2014 ¹	721.35	577.31	(initial data by Statistics Estonia)
2013	624.4	503.78	(initial data by Statistics Estonia)
2012	581.55	467.61	(initial data by Statistics Estonia)
2011	560	455	(initial data by Statistics Estonia)

¹ Previously submitted data for year 2014: Gross and net monthly wage of a regular unskilled male 658.49 euros and 529.64 euros respectively.

b. Pension for incapacity for work for a standard beneficiary (a person totally incapacitated for work), euros

	euros	
2015	301.61	Social Insurance Board
2014	283.83	Social Insurance Board
2013	268.36	Social Insurance Board
2012	255.66	Social Insurance Board
2011	244.95	Social Insurance Board

d, e. Family benefits for a standard beneficiary with two children, euros

	euros	
2015	90.00	(Ministry of Social Affairs)
2014	38.35	(Ministry of Social Affairs)
2013	38.35	(Ministry of Social Affairs)
2012	38.35	(Ministry of Social Affairs)
2011	38.35	(Ministry of Social Affairs)

b. Pension for incapacity for work for a standard beneficiary per cent of a regular unskilled male worker net monthly wage, %

	%
2015	53.8
2014¹	52.3
2013	56.6
2012	58.1
2011	57.4

¹ Data for year 2014 was recalculated. Previously submitted per cent was 56,7.

Article 57

1. The benefit specified in Article 56 shall, in a contingency covered, be secured at least:

- a. to a person protected who has completed, prior to the contingency, in accordance with prescribed rules, a qualifying period which may be 15 years of contribution or employment, or 10 years of residence; or
- b. where, in principle, all economically active persons are protected, to a person protected who has completed a qualifying period of three years of contribution and in respect of whom, while he was of working age, the prescribed yearly average number of contributions has been paid.

2. Where the benefit referred to in paragraph 1 of this article is conditional upon a minimum period of contribution or employment, a reduced benefit shall be secured at least:

- a. to a person protected who has completed, prior to the contingency, in accordance with prescribed rules, a qualifying period of five years of contribution or employment; or
- b. where, in principle, all economically active persons are protected, to a person protected who has completed a qualifying period of three years of contribution and in respect of whom, while he was of working age, half the yearly average number of contributions prescribed in accordance with paragraph 1.b of this article has been paid.

3. The requirements of paragraph 1 of this article shall be deemed to be satisfied where a benefit calculated in conformity with the requirements of Part XI but at a percentage of ten points lower than shown in the Schedule appended to that part for the standard beneficiary concerned is secured at least to a person protected who has completed, in accordance with prescribed rules, five years of contribution, employment or residence.

4. A proportional reduction of the percentage indicated in the Schedule appended to Part XI may be effected where the qualifying period for the pension corresponding to the reduced percentage exceeds five years of contribution or employment but is less than 15 years of contribution or employment; a reduced benefit shall be payable in conformity with paragraph 2 of this article.

1. The recourse is had to the sub-paragraphs 1 and 2 of the Article 57 of the Code

In case of benefit for incapacity for work, the qualifying period is a pension qualifying period of the provider, the rules of which calculation have been set out under Article 29 of part V (old-age benefit) of this report.

The required pension qualifying period depends on the person's age for the time of declaring the person permanently incapacitated for work:

Age in years	Required pension qualifying period
16-24	no requirement for length of service
25-26	1
27-28	2
29-30	3
31-32	4
33-35	5
36-38	6
39-41	7
42-44	8
45-47	9
48-50	10
51-53	11
54-56	12
57-59	13
60-62	14

In case of permanent incapacity for work caused by work injury or occupational disease, pension for incapacity for work shall be granted without the requirement for length of service.

If the person who has been declared to be permanently incapacitated for work has not earned the pension qualifying period required, but the person has lived in Estonia at least one year before applying for the pension, this person will be granted pension for incapacity for work to the extent of national pension (167.40 euros per month).

2. The recourse is had to the sub-paragraphs 1 and 2 of the Article 57 of the Code

In order to establish benefit for incapacity for work, adherence to the requirement for length of service will be verified at first.

If the requirement for length of service is adhered to, the calculation is based on the largest from the following old-age pension amounts:

- ✓ **Old-age pension calculated on the basis of the sum of the years of pensionable service earned by the day of application and insurance components;**
- ✓ **Old-age pension in case of 30-years of pensionable service.**

The amount of pension for incapacity for work is calculated by multiplying the largest one of the aforementioned sums by the percent of loss of capacity for work.

The national pension for a person with total incapacity for work is 100 percent of national pension rate. Starting with April 1, 2015, the national pension rate was 158.37 euros per month and the national pension for a person with 40 percent incapacity for work was 63.35 euros per month. Starting with April 1, 2016, the national pension rate is 167.40 euros per month and the national pension for a person with 40 percent incapacity for work is 66.96 euros per month.

3. Non-applicable

4. Non-applicable

Article 58

The benefit specified in Articles 56 and 57 shall be granted throughout the contingency or until an old-age benefit becomes payable.

A pension for incapacity for work shall be granted for the period of permanent incapacity for work (subsection § 14 (2) of the State Pension Insurance Act. Right to receive the benefit expires upon attaining the pensionable age.

Payment of pension for incapacity for work shall be suspended for the time the person is held in custody and during imprisonment

PART X – SURVIVOR’S BENEFIT

Article 59

Each Contracting Party for which this part of the Code is in force shall secure to the persons protected the provision of survivors’ benefit in accordance with the following articles of this part.

Article 60

1. The contingency covered shall include the loss of support suffered by the widow or child as the result of the death of the breadwinner; in the case of a widow, the right to benefit may be made conditional on her being presumed, in accordance with national laws or regulations, to be incapable of self-support.

2. National laws or regulations may provide that the benefit of a person otherwise entitled to it may be suspended if such person is engaged in any prescribed gainful activity or that the benefit, if contributory, may be reduced where the earnings of the beneficiary exceed a prescribed amount, and, if non-contributory, may be reduced where the earnings of the beneficiary or his other means or the two taken together exceed a prescribed amount.

1. The contingency covered shall be death of provider. In this case, family members who were maintained by the provider have the right to receive survivor’s pension. It is important to point out that the right of the provider’s widow or widower to receive a survivor’s pension does not depend on whether they were maintained by the provider or not (during provider’s lifetime).

However, incapacity of widow or widower to maintain himself/herself is essential for determining eligibility for survivor’s pension.

- ✓ **Provider’s non-working widow who is pregnant (from the 12th week of pregnancy) has the right to receive a survivor’s pension.**
- ✓ **Provider’s widow or widower, who has been established to have no work ability or who is of pensionable age, has also the right to receive a survivor’s pension.**

2. A pregnant widow loses the right to receive survivor’s pension, if she is working or operating as an undertaking.

Article 61

The persons protected shall comprise:

- a. the wives and the children of breadwinners in prescribed classes of employees, which classes constitute not less than 50 per cent of all employees; or
- b. the wives and the children of breadwinners in prescribed classes of the economically active population, which classes constitute not less than 20 per cent of all residents; or
- c. all resident widows and resident children who have lost their breadwinner and whose means during the contingency do not exceed limits prescribed in such a manner as to comply with the requirements of Article 67.

A. The recourse is had to the sub-paragraph (b) of the Article 61 of the Code

B. Please refer to the information provided under Article 27

C. Upon the death of a provider, all the family members who were maintained by him or her have the right to receive a survivor’s pension.

Article 62

The benefit shall be a periodical payment calculated as follows:

- a. where the wives and children of breadwinners in classes of employees or classes of the economically active population are protected, in such manner as to comply either with the requirements of Article 65 or with the requirements of Article 66;
- b. where all resident widows and resident children whose means during the contingency do not exceed prescribed limits are protected, in such a manner as to comply with the requirements of Article 67.

A. The recourse is had to the Article 66 of the Code

Survivor's pension for a spouse with two children is equal or bigger (but no less) than old-age pension, available to a person with a pensionable period of 30 years. Starting from April 1, 2015 the old-age pension for a person with 30 years of pensionable service was 301,61 euros per month and starting from April 1, 2016 the old-age pension for a person with 30 years of pensionable service is 318,72 euros per month. Therefore, in 2015, the survivor's pension for a spouse with two children was at least 301,61 euros per month and starting with April 1, 2015 the survivor's pension for a spouse with two children is at least 318,72 euros per month.

Starting from April 1, 2016 the survivor's pension amount is:

- for three family members 318,72 euros;
- for two family members 254,98 euros;
- for one family member 159,36 euros.

Titles I and IV, Article 66

a. For the selection of a regular unskilled male worker, see information under Article 28.

b. In 2015, the gross wage for a regular unskilled male worker was 787.39 euros and the net wage was 638.03 euros (see also information under Article 28).

c. In 2015, the family benefit paid for a standard beneficiary was 90 euros per month.

d, e. In 2015, the family benefit sum paid for a standard beneficiary with two children was 90 euros per month. Payment of family benefits is not related to the parents working or receiving other social security benefits, i.e. the same family benefit is paid both while working and during periods of incapacity for work.

f. In 2015, the survivor's pension for a standard beneficiary per cent of a regular unskilled male worker's net wage was:

$$(301,61 + 90,00) / (638,03 + 90,00) = 53,8\%$$

b) Gross and net monthly wage of a regular unskilled male, euros

Gross and net monthly wage of a regular unskilled male worker, euros

	Gross wage	Net wage, euros	
2015	787.39	638.03	(initial data by Statistics Estonia)
2014 ¹	721.35	577.31	(initial data by Statistics Estonia)
2013	624.4	503.78	(initial data by Statistics Estonia)
2012	581.55	467.61	(initial data by Statistics Estonia)
2011	560	455	(initial data by Statistics Estonia)

¹ Previously submitted data for year 2014: Gross and net monthly wage of a regular unskilled male 658.49 euros and 529.64 euros respectively.

c) Survivor's pension for a standard beneficiary (with 2 children), euros

	euros	
2015	301.61	Social Insurance Board
2014	283.83	Social Insurance Board
2013	268.36	Social Insurance Board
2012	255.66	Social Insurance Board
2011	244.95	Social Insurance Board

d, e) Family benefits for a standard beneficiary with two children, euros

	euros	
2015	90.00	(Ministry of Social Affairs)
2014	38.35	(Ministry of Social Affairs)
2013	38.35	(Ministry of Social Affairs)
2012	38.35	(Ministry of Social Affairs)
2011	38.35	(Ministry of Social Affairs)

f) the survivor's pension for a standard beneficiary per cent of a regular unskilled male worker's net wage, %

	%
2015	53.8
2014 ¹	52.3
2013	56.6
2012	58.1
2011	57.4

¹ Data for year 2014 is recalculated. Previously submitted percentage was 56,7.

Article 63

1. The benefit specified in Article 62 shall, in a contingency covered, be secured at least:

- a. to a person protected whose breadwinner has completed, in accordance with prescribed rules, a qualifying period which may be 15 years of contribution or employment, or 10 years of residence; or
- b. where, in principle, the wives and children of all economically active persons are protected, to a person protected whose breadwinner has completed a qualifying period of three years of contribution and in respect of whose breadwinner, while he was of working age, the prescribed yearly average number of contributions has been paid.

2. Where the benefit referred to in paragraph 1 of this article is conditional upon a minimum period of contribution or employment, a reduced benefit shall be secured at least:

- a. to a person protected whose breadwinner has completed, in accordance with prescribed rules, a qualifying period of five years of contribution or employment; or
- b. where, in principle, the wives and children of all economically active persons are protected, to a person protected whose breadwinner has completed a qualifying period of three years of contribution and in respect of whose breadwinner, while he was of working age, half the yearly average number of contributions prescribed in accordance with paragraph 1.b of this article have been paid.

3. The requirements of paragraph 1 of this article shall be deemed to be satisfied where a benefit calculated in conformity with the requirements of Part XI but at a percentage of ten points lower than shown in the Schedule appended to that part for the standard beneficiary concerned is secured at least to a person protected whose breadwinner has completed, in accordance with prescribed rules, five years of contribution, employment or residence.

4. A proportional reduction of the percentage indicated in the Schedule appended to Part XI may be effected where the qualifying period for the benefit corresponding to the reduced percentage exceeds five years of contribution or employment but is less than 15 years of contribution or employment; a reduced benefit shall be payable in conformity with paragraph 2 of this article.

5. In order that a childless widow presumed to be incapable of self-support may be entitled to a survivor's benefit, a minimum duration of the marriage may be required.

1. The recourse is had to the paragraphs 1 and 2 of the Article 63 of the Code

In case of survivor's benefit, the qualifying period is a pension qualifying period of the provider, the rules of which calculation have been set out under Article 29 of part V (old-age benefit) of this report.

The required pension qualifying period depends on the age of the provider at the time of death:

Age in years	Required pension qualifying period
16-24	no requirement for length of service
25-26	1
27-28	2
29-30	3
31-32	4
33-35	5
36-38	6
39-41	7
42-44	8
45-47	9
48-50	10
51-53	11
54-56	12
57-59	13
60-62	14

If the provider died because of work injury or occupational disease, survivor's pension shall be granted without the requirement for length of service.

If the provider has not earned the pension qualifying period required, but the provider has lived in Estonia at least one year before his/her death, this person who has lost the provider will be granted national pension in the amount of 167.40 euros per month.

2. The recourse is had to the paragraphs 1 and 2 of the Article 63 of the Code

In order to establish survivor's benefit, adherence to the requirement for length of service will be verified at first.

If the requirement for length of service is adhered to, the calculation is based on the largest from the following old-age pensions:

- ✓ **old-age pension calculated on the basis of the sum of the years of pensionable service earned by the day of provider's death and insurance components;**
- ✓ **old-age pension in case of 30 years of pensionable service.**

The amount of survivor's pension depends on the number of family members .

The amount of survivor's pension is:

- ✓ **to three or more family members 100% of the old-age pension used as a basis for calculation;**
- ✓ **to two family members 80% of the old-age pension used as a basis for calculation;**
- ✓ **to one family member 50% of the old-age pension used as a basis for calculation.**

3. Non-applicable

4. Non-applicable

5. Non-applicable

Article 64

The benefit specified in Articles 62 and 63 shall be granted throughout the contingency.

Survivor's benefit shall be established for the period during which the persons to be covered meet the requirements to receive the benefit.

Payment of survivor's pension shall be suspended for the time the person is held in custody and during imprisonment.

PART XI – STANDARDS TO BE COMPLETED WITH BY PERIODICAL PAYMENTS

The information asked is indicated under the corresponding Article of each Part

PART XII – COMMON PROVISIONS

Article 68

A benefit to which a person protected would otherwise be entitled in compliance with any of Parts II to X of this Code may be suspended to such extent as may be prescribed:

- a. as long as the person concerned is absent from the territory of the Contracting Party concerned;
- b. as long as the person concerned is maintained at public expense, or at the expense of a social security institution or service, subject to a portion of the benefit being granted to the dependants of the beneficiary;
- c. as long as the person concerned is in receipt of another social security cash benefit, other than a family benefit, and during any period in respect of which he is indemnified for the contingency by a third party, subject to the part of the benefit which is suspended not exceeding the other benefit or the indemnity by a third party;
- d. where the person concerned has made a fraudulent claim;
- e. where the contingency has been caused by a criminal offence committed by the person concerned;
- f. where the contingency has been caused by the wilful misconduct of the person concerned;
- g. in appropriate cases, where the person concerned neglects to make use of the medical or rehabilitation services placed at his disposal or fails to comply with rules prescribed for verifying the occurrence or continuance of the contingency or for the conduct of the beneficiaries;
- h. in the case of unemployment benefit, where the person concerned has failed to make use of the employment services placed at his disposal;
- i. in the case of unemployment benefit, where the person concerned has lost his employment as a direct result of a stoppage of work due to a trade dispute, or has left it voluntarily without just cause; and
- j. in the case of survivors' benefit, as long as the widow is living with a man as his wife.

Article 69

1. Every claimant shall have a right of appeal in case of refusal of the benefit or complaint as to its quality or quantity.
2. Where in the application of this Code a government department responsible to a legislature is entrusted with the administration of medical care, the right of appeal provided for in paragraph 1 of this article may be replaced by a right to have a complaint concerning the refusal of medical care or the quality of the care received investigated by the appropriate authority.
3. Where a claim is settled by a special tribunal established to deal with social security questions and on which the persons protected are represented, no right of appeal shall be required.

Every claimant has a right to appeal in case of refusal of the benefit or complaint as to its quality or quantity guaranteed by the Administrative Procedure Act.

Article 70

1. The cost of the benefits provided in compliance with this Code and the cost of the administration of such benefits shall be borne collectively by way of insurance contributions or taxation or both in a manner which avoids hardship to persons of small means and takes into account the economic situation of the Contracting Party concerned and of the classes of persons protected.
2. The total of the insurance contributions borne by the employees protected shall not exceed 50 per cent of the total of the financial resources allocated to the protection of employees and their wives and children. For the purpose of ascertaining whether this condition is fulfilled, all the benefits provided by the Contracting Party concerned in compliance with this Code, except family benefit and, if provided by a special branch, employment injury benefit, may be taken together.
3. The Contracting Party concerned shall accept general responsibility for the due provision of the benefits provided in compliance with this Code, and shall take all measures required for this purpose; it shall ensure, where appropriate, that the necessary actuarial studies and calculations concerning financial equilibrium are made periodically and, in any event, prior to any change in benefits, the rate of insurance contributions, or the taxes allocated to covering the contingencies in question.

The benefits provided to the insured people by Estonian Health Insurance Board (Parts II, III and VIII) are financed from social tax, paid by employers (except cases where social tax is paid by the State).

The unemployment benefit provided to the insured people by Estonian Unemployment Insurance Fund (Part IV) is financed from unemployment insurance premiums paid both by employees and employers. The current unemployment insurance rates applicable to an employee and to an employer are 1,6% and 0,8% of gross wage.

All the other benefits provided (Parts V, VII, IX and X) are financed from social tax and general State budget, no contributions are born by employees protected.

Article 71

1. Where the administration is not entrusted to a government department responsible to a legislature, representatives of the persons protected shall participate in the management, or be associated therewith in a consultative capacity, under prescribed conditions; national laws or regulations may likewise decide as to the participation of representatives of employers and of the public authorities.

2. The Contracting Party concerned shall accept general responsibility for the proper administration of the institutions and services concerned in the application of this Code.

Only the administration of schemes described under Part II (Medical Care), Part III (Sickness benefit), Part IV (Unemployment Benefit) and Part VIII (Maternity Benefit) are entrusted to Estonian Health Insurance Fund and Estonian Unemployment Insurance Fund, which are not Government departments. The rest of social insurance schemes are administrated by Social Insurance Board, which is a government authority operating within the government area of the Ministry of Social Affairs. Both Estonian Health Insurance Fund and Estonian Unemployment Fund have Supervisory Boards, whose stuff includes also the representatives of persons protected. For more details on composition of the Supervisory Boards mentioned please consult [Estonian Health Insurance Fund](#) and [Estonian Unemployment Fund](#).

PART XIII – MISCELLANEOUS PROVISIONS

The information asked is indicated under the corresponding Article of each Part

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