



REPUBLIC OF SLOVENIA
**MINISTRY OF LABOUR, FAMILY
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**11TH ANNUAL REPORT OF THE REPUBLIC OF
SLOVENIA
ON THE APPLICATION
OF THE EUROPEAN CODE OF SOCIAL SECURITY**

REPORT

for the period from 1 July 2015 to 30 June 2016 made by the Government of the Republic of Slovenia in accordance with Article 74 of the European Code of Social Security on the measures taken to give effect to the accepted provisions of the Code whose instruments of ratification or of accession were deposited on 26 February 2004.

- I. Please give the list of the legislation and administrative regulations, etc., which apply the provisions in respect of which obligations of the Code have been accepted in accordance with Article 2. Please specify in each case to which of the Parts of the Code the texts concerned relate. Please forward copies of the said legislation, etc.

Please give any available information concerning the extent to which these laws and regulations have been enacted or modified to permit of, or as a result of, ratification.

- II. Please indicate in detail, **for each of the following Articles of the Parts of the Code to which ratification applies**, the provisions of the above-mentioned legislation and administrative regulations, etc., or other measures, under which each Article is applied.

If in your country ratification of the Code gives the force of national laws to its terms please state by virtue of what constitutional provisions the ratification has had this effect. Please also specify what action has been taken to make effect those provisions of the Code which require a national authority to take certain specific steps for its implementation, such as measures to define exact scope and the extent to which advantage may be taken of the permissive exceptions provided for in regard to each Part of the Code, and to establish or supervise the several financial or technical bodies entrusted with the administration of the benefits stipulated.

If the Secretary General has requested further information on the manner in which your country has implemented the provisions of the Code, or if the Committee of Ministers has invited your country to take measures to comply with your obligations, please supply the information asked for or indicate the action taken by your Government to settle the points in question.

PART II MEDICAL CARE

The Constitution of the Republic of Slovenia defines Slovenia as a law-governed and social state (Article 2 of CRS). The chapter on human rights and fundamental freedoms specifically guarantees *the right to social security* (Article 50 of CRS), which stipulates that, under the conditions laid down by law, citizens of RS have the right to social security. It is the duty of the state to arrange compulsory health, pension, disability and other social insurance, and to ensure the operation thereof. Article 51 of the Constitution of RS (*the right to health care*) stipulates among other things that everybody has the right to health care under the conditions laid down by law.

Primary legislation:

- Health Care and Health Insurance Act (Official Gazette RS, no. 9/92, 13/93, 9/96, 29/98, 77/98 Odl. US, 6/99, 56/99-ZVZD, 99/01, 42/02-ZDR, 60/02, 11/03 Skl. US, 126/03, 20/04-UPB1, 62/05 Odl. US, 76/05, 100/05-UPB2, 100/05 Odl. US, 21/06 Odl. US, 38/06, 72/06-UPB3, 114/06-ZUTPG, 91/07, 71/08, 76/08, 118/08 Skl. US, 62/10-ZUPJS, 87/11, 40/12-ZUJF, 21/13-ZUTD-A, 91/13, 99/13-ZUPJS-C, 99/13-ZSVarPre-C, 111/13-ZMEPIZ-1, 95/14-ZUJF-C, 47/15-ZZSDT);
- Health Services Act (Official Gazette RS, no. 9/92, 26/92 corr., 37/95, 8/96, 59/99, 90/99, 98/99, 31/00, 36/00, 45/01, 131/03, 135/03, 2/04, 36/04-UPB1, 80/04, 23/05-UPB2, 15/08-ZPacP, 23/08, 58/08-ZZdrS-E, 77/08-ZDZdr, 40/12-ZUJF, 14/13);
- Pharmacies Act (Official Gazette RS, no. 9/92, 38/99, 2/04, 36/04-UPB1);
- Social Security Contributions Act (Official Gazette RS, no. 5/96, 18/96-ZDavP, 34/96, 87/97, 3/98, 106/99-ZPIZ-1, 81/00-ZPSV-C, 97/01-ZSDP, 97/01, 62/10 Odl. US, 40/12-ZUJF, 96/12-ZPIZ-2, 91/13-ZZVZZ-M, 99/13-ZSVarPre-C, 26/14-ZSDP-1);
- Health Care Databases Act (Official Gazette RS, no. 65/00, 47/15).

Secondary legislation:

- Rules on Compulsory Health Insurance (Official Gazette RS, no. 73/95, 39/96, 70/96, 47/97, 3/98, 3/98, 51/98 Odl. US, 90/98, 6/99 corr., 109/99 Odl. US, 61/00, 64/00 corr., 59/02, 11/03 Skl. US, 18/03, 30/03, 35/03 corr., 78/03, 84/04, 44/05, 86/06, 90/06 corr., 64/07, 33/08, 71/08, 118/08 Skl. US, 7/09, 88/09, 30/11, 49/12, 106/12, 99/13-ZSVarPre-C, 25/14 Odl. US, 25/14, 85/14);
- Statute of the Health Insurance Institute of Slovenia (Official Gazette RS, no. 87/01, 1/02 corr.);
- Rules on Carrying Out Preventive Health Care at the Primary Level (Official Gazette RS, no. 19/98, 47/98, 26/00, 67/01, 33/02, 37/03, 117/04, 31/05, 83/07, 22/09).

National programmes:

- Resolution on National Health Care Plan 2016-2025 (Official Gazette RS, no. 25/16).

Basic features of legal arrangements

The health insurance in the RS is regulated by two pieces of legislation, the *Health Care and Health Insurance Act* (HCHIA) and the *Rules of compulsory health insurance*.

The health insurance in the Republic of Slovenia can be:

- compulsory and
- voluntary (Article 12 of the HCHIA).

a) *Compulsory health insurance*

Compulsory insurance (Article 13 of the HCHIA) comprise:

- Insurance against sickness and injuries outside work;
- Insurance against injuries at work and occupational sickness.

Insured persons are provided, in an amount determined by law:

- pay for health services (*benefits in kind*);
- sickness benefit in lieu of pay during temporary absence from work (*sickness benefit*);
- reimbursement of travel expenses in connection with receiving health services.

b) *Voluntary health insurance*

Voluntary health insurance covers the insured person's costs of health care and related services, provision of medicines and assistive devices and payments of the agreed financial compensation in case of illness, injury or a special health condition. In the area of the Republic of Slovenia such insurance may be provided by insurance companies which meet the prescribed conditions according to this act and the Insurance Act.

Voluntary health insurance is classified as a type of health insurance and, more broadly speaking, belongs to the group of property insurance. Insurance companies may introduce the following types of voluntary health insurance:

1. Complementary health insurance which covers, when exercising rights to health care services according to procedures and conditions prescribed in the compulsory health insurance, the difference between the value of health care services pursuant to Article 23 of the Health Care and Health Insurance Act (HCHIA) and the share of this value which is covered from compulsory health insurance pursuant to the same Article, or a part of this difference when the co-payment refers to the right to medicinal products with the highest recognized value and to assistive devices;
2. Substitute insurance which, up to the extent of the compulsory health insurance standard, covers costs of health care and related services and provision of medicinal products and assistive devices to persons who cannot be included in compulsory insurance in accordance with regulations of the Republic of Slovenia;
3. Supplementary health insurance which covers costs of health care, related services, provision of medicinal products and assistive devices and payments of financial benefits which are not an integral part of compulsory health insurance rights and which is considered neither complementary nor substitute health insurance;
4. Parallel health insurance which covers costs of health care and related services and provision of medicinal products and assistive devices which are otherwise a right pursuant to compulsory health insurance, but which the insured persons exercise through other procedures and under other conditions than prescribed by the compulsory health insurance system.

Insurance companies may also introduce combinations of different types of voluntary health insurance, but these may not include complementary insurance (Article 61 of the HCHIA).

Article 9

A. Please state to which of the sub-paragraphs of this Article recourse is had.

In the case of Slovenia, the recourse is had to sub-paragraph (a) of this Article.

B. Please indicate the classes of persons protected in accordance with the provisions of this Article

According to the Health Care and Health Insurance Act (HCHIA), persons covered by the compulsory health insurance (*insured persons*) are:

- those insured (insurees) and
- their family members (Article 14 of the HCHIA).

Those insured are (Article 15 of the HCHIA):

1. Persons who are employed in the Republic of Slovenia;
2. Persons employed by an employer with their principal office in the Republic of Slovenia and sent to work or for professional training abroad, if they are not compulsorily insured in the country to which they have been sent;
3. Persons employed by foreign and international organisations and institutions, foreign consular and diplomatic representations based in Slovenia, unless otherwise provided by treaty;
4. Persons with permanent residence in the Republic of Slovenia employed by a foreign employer and not insured with a foreign health insurance provider;
5. Persons who independently perform commercial or professional activities in the territory of the Republic of Slovenia as their only or main occupation;
6. Persons who are owners of private companies in the Republic of Slovenia if they are not insured elsewhere;
7. Farmers, members of their establishments and other persons performing farming activities in the Republic of Slovenia as their only or main occupation;
8. Top sportsmen and chess players – members of physical training and chess organisations in the Republic of Slovenia who are not insured elsewhere;
9. Unemployed persons who receive unemployment benefit from the employment institute;
10. Persons with permanent residence in the Republic of Slovenia who receive pensions in compliance with the regulations of the Republic of Slovenia or maintenance in compliance with the regulations on maintenance for farmers;
11. Persons with permanent residence in the Republic of Slovenia who receive pensions from a foreign provider of pension insurance unless otherwise provided by treaty;
12. Persons with permanent residence in the Republic of Slovenia insured with a foreign health insurance provider who during their stay in the Republic of Slovenia cannot exercise their rights under that insurance;
13. Family members of a person insured with a foreign health insurance provider and having permanent residence in the Republic of Slovenia but not being insured as family members with the foreign health insurance provider;
14. Foreigners pursuing studies or training in the Republic of Slovenia who are not insured elsewhere;
15. Persons with permanent residence in the Republic of Slovenia who are recipients of disability benefit according to the regulations on disabled military personnel and disabled civilian victims of war, who have rights according to the regulations on protection of war veterans, victims of wartime aggression and participants of other wars and recipients of national benefits for their services, if they are not insured elsewhere;

16. Persons with permanent residence in the Republic of Slovenia who receive benefits in compliance with the act governing social protection for mentally and physically challenged adults, if they are not insured elsewhere;
17. Persons with permanent residence in the Republic of Slovenia who receive permanent financial assistance and persons which were accorded a refugee status by the Republic of Slovenia or subsidiary protection according to regulations on international protection, unless otherwise insured;
18. Persons with permanent residence in the Republic of Slovenia who enjoy recognition payments according to regulations on the care of participants in war if they are not insured elsewhere;
19. Military personnel with permanent residence in the Republic of Slovenia who are performing civilian service in place of military service;
 - 19.a Military conscripts with permanent residence in the Republic of Slovenia during their military service or during their training in the police reserve;
20. Persons with permanent residence in the Republic of Slovenia who do not fulfil conditions for insurance pursuant to one of the points under this paragraph and they pay their contributions themselves;
21. Citizens of the Republic of Slovenia with permanent residence in the Republic of Slovenia who are not insured elsewhere;
22. Detainees who were not otherwise ensured before the detention or whose insurance is suspended during the period of detention, sentenced persons serving the sentence of imprisonment in penal institutions and correction homes, minors undergoing re-education in a juvenile correction facility, persons in protective detention in health institutes in connection with psychiatric disorders and persons sentenced to compulsory psychiatric treatment for alcoholism and drug dependence.
23. Persons who acquire a right pursuant to the act regulating parental protection, namely:
 - Beneficiaries of parental compensation whose employment relationship was terminated during parental leave,
 - One of the parents who based on his/her business activity pays social security contributions for a minimum of 20 hours per week and nurses and looks after a child up to three years of age;
 - One of the parents who leaves the labour market due to caring for four or more children;
24. Children up to 18 years of age who continue formal education and are not insured as family members since they are not maintained by their parents or their parents do not fulfil the conditions for compulsory insurance;
25. Home care assistants according to the law governing social security.

Compulsory insurance includes persons under points 1 and 5 of the previous paragraph, who reside in the Republic of Slovenia and are in an employment relationship or independently perform an economic or professional activity as their only or main occupation in another or several member states of the European Union, European Economic area or Swiss confederation. The same rights and obligations apply to these persons as to persons under points 1 and 5 of the previous paragraph.

Insured persons under point 7 include:

- Farmers, members of their establishments and other persons performing farming activities in the Republic of Slovenia as their only or main occupation if this activity is profitable and if they pay contributions from the threshold determined for pension and disability insurance or if they entered this insurance voluntarily;
- Farmers, members of their establishments and other persons performing farming activities in the Republic of Slovenia as their only or main occupation and do not pay contributions for pension and disability insurance if their income per member of the establishment amounts to at least 25% of the minimum wage. An agricultural holding is

deemed cohabitation, common production and use of income by all members of the agricultural holding, regardless of family ties, providing that at least one member of the holding performs the agricultural activity as his/her only and main occupation. Income of the agricultural holding is deemed the sum of all incomes earned by members of the agricultural holding through performing agricultural, forestry and supplementary activities on the farm. (Article 15 of the HCHIA).

Persons under points 1, 2, 3, 5, 6, 8, 19, 19a, 22 and 25 of the preceding paragraph are insured against employment injury and occupational disease. Insured persons under point 22 are insured against employment injury and occupational disease if they are actually included in work.

Persons under point 7 of the aforementioned paragraph are insured against employment injury and occupational disease if they pay contributions from the threshold determined for pension and disability insurance. Those persons under point 7 who do not pay such contributions acquire, in the event of employment injury or occupational disease, rights in the extent determined for instances of sickness or injury outside work (Article 16 of the HCHIA).

The following are also insured against employment injury and occupational disease:

1. Students taking part in practical studies, performing production work or work experience and on professional field trips;
2. Children and young people who are physically and mentally challenged and children and young people with accidental head injuries and brain damage taking part in practical studies with training organisations or at compulsory practical work;
3. Persons participating in voluntary work experience after completing their formal education, irrespective of whether they receive remuneration for their work;
4. Military disabled, civilians disabled in war and other disabled persons in occupational rehabilitation and training during practical work and exercises;
5. Persons performing work on the basis of a work contract;
6. Secondary school students or students of colleges and universities in performing work via authorised organisations;
7. Unemployed persons performing public work organised under the regulations on employment;
8. Volunteers;
9. Persons performing generally beneficial and other activities under the rules regulating criminal matters;
10. Persons performing activities as a secondary occupation
11. Persons performing humanitarian and similar activities under the employment regulations
12. Persons performing short-term work under regulations preventing undeclared work and employment (Article 17 of the HCHIA).

The following are also insured against employment injury:

1. Persons participating in organised public works of a general nature, in rescue actions or in protection and rescue and help during natural and other disasters;
2. Participants in youth camps in the Republic of Slovenia;
3. Persons performing work or tasks of military service or alternative civilian service, civil protection, surveillance and intelligence services, general rescue services or in communications units and in training for defence and protection, rescue and help;
4. Persons assisting interior affairs bodies and the authorised persons of these bodies in performing their tasks in compliance with the law;
5. Persons performing tasks of interior affairs bodies as reservists in the composition of interior affairs bodies;
6. Persons on the request of state and other authorised bodies performing public and other social functions or civic duties;

7. Sportsmen, trainers or organisers participating in sports events as part of an organised sporting activity;
8. Persons who are members of operational units of volunteer fire fighting organisations performing tasks in the extinguishing of fires, protection and rescue during other disasters, in training, protection at fire-risk locations and at public events, tasks in public appearances and demonstrations with the demonstration of exercises and in teaching people about fire safety;
9. Persons who are members of mountain rescue services, underwater or cave rescue services or rescue dog-handler units performing tasks of protection, rescue and help or averting or preventing danger that directly threatens the lives or property of citizens (Article 18 of the HCHIA).

Under the conditions determined by the HCHIA, the following are insured as **family members** of the insured person:

- a) the close family members:
 1. spouse,
 2. children (both from and out of wedlock and those adopted);
- b) the wider family members:
 1. stepchildren whom the insured person maintains,
 2. grandchildren, brothers, sisters and other children without parents, whom the insured person has taken in and maintains, under the conditions determined by this act for children,
 3. parents (father and mother, step father and step mother and adoptive parent) who live with the insured person in a common household and whom the insured person maintains, and who do not possess sufficient means of their own for maintenance and who are permanently and completely incapable of working, except parents of the insured persons pursuant to the above-mentioned point 24.

Children without parents also include those who have parents that are completely and permanently incapable of working, or if as a result of other circumstances they cannot care for such children and maintain them.

Family members are insured if they have permanent residence in the Republic of Slovenia, unless otherwise provided by treaty for close family members (Article 20 of the HCHIA).

Spouses are insured as family members if they are not themselves insured. On this condition insurance cover is also provided for a divorced spouse for whom a court order has decreed maintenance. Insurance for spouses also covers persons who live with an insured person in a relationship which according to the *Marital and Family Relations Act* is legally equated with marriage (Article 21 of the HCHIA).

Children are insured as family members up until the age of 15 years, or until they are 18 if they are not themselves insured, and after this age if they are continuing formal education up until the end of full-time education, but no longer than until they reach 26 years of age. Children who become completely and permanently incapable of working prior to reaching age 18 or before the end of full-time education, are insured as family members for as long as such incapacity lasts, if the insured person is maintaining them or if they are not an insured person under Article 15, paragraph one, point 16 of the HCHIA (Article 22 of the HCHIA).

C. Please furnish statistical information under this Article as follows: Title I under Article 74

TITLE I

A. Number of employees protected:

Persons in paid employment = 719.510¹
self-employed persons (*podjetniki*) = 70.315
farmers = 12.819

B. Total number of employees:

For the year 2015 = 802.644²

C: Number of employees protected (A iii.) per cent of total number of employees (B):

All employed persons in Slovenia are protected.

D. Please confirm that the dependent wives and children of the person protected are also entitled to the medical benefits stipulated in Article 10, in accordance with the provisions of this Article. Please state, when possible, the number of dependent wives and children protected.

As already mentioned under *Article 9 / B / 2*, according to the Health Care and Health Insurance Act (HCHIA), persons covered by the compulsory health insurance are those insured (*insured persons*) and **their family members**.

Under the conditions determined by the HCHIA, the following are insured as family members of the insured person:

- a) the close family members:
 1. spouse,
 2. children (both from and out of wedlock and those adopted);

- b) the wider family members:
 1. stepchildren whom the insured person maintains,
 2. grandchildren, brothers, sisters and other children without parents, whom the insured person has taken in and maintains, under the conditions determined by this act for children,
 3. parents (father and mother, step father and step mother and adoptive parent) who live with the insured person in a common household and whom the insured person maintains, and who do not possess sufficient means of their own for maintenance and who are permanently and completely incapable of working, except parents of the insured persons under point 24 of the first paragraph of Article 15 of the HCHIA.

Children without parents also include those who have parents that are completely and permanently incapable of working, or if as a result of other circumstances they cannot care for **such children and maintain them**.

¹ This data does not include company managers (in line with the methodology used by Health Insurance Institute of the Republic of Slovenia they are included in the category of self-employed).
source: [http://www.zzs.si/zzs/info/egradiva.nsf/0/817e8f5609c531d2c1257f7600499948/\\$FILE/Poslovno%20poro%C4%8Dilo%20ZZS%20za%20leto%202015_sprejeto%20na%20seji%20Skup%C5%A1%C4%8Dine_30.3.2016.pdf](http://www.zzs.si/zzs/info/egradiva.nsf/0/817e8f5609c531d2c1257f7600499948/$FILE/Poslovno%20poro%C4%8Dilo%20ZZS%20za%20leto%202015_sprejeto%20na%20seji%20Skup%C5%A1%C4%8Dine_30.3.2016.pdf).

²Source: HIIS annual report for the year 2015.

As it is set forth in the HCHIA, family members are insured if they have permanent residence in the Republic of Slovenia, unless otherwise provided by treaty for close family members (Article 20 of the HCHIA).

Spouses are insured as family members if they are not themselves insured. On this condition insurance cover is also provided for a divorced spouse for whom a court order has decreed maintenance. Insurance for spouses also covers persons who live with an insured person in a relationship which according to the *Marital and Family Relations Act* is legally equated with marriage (Article 21 of the HCHIA).

Children are insured as family members up until the age of 15 years, or until they are 18 if they are not themselves insured, and after this age if they are continuing formal education up until the end of full-time education (that is up to the age of 26). Children, who become completely and permanently incapable of working prior to reaching age 18 or before the end of full-time education, are insured as family members for as long as such incapacity lasts, if the insured person is maintaining them or if they are not an insured person under the HCHIA.

Statistical data on the dependent wife and children solely is currently not available.

E. If recourse is had to Article 6 above (voluntary insurance), for all or any of the schemes concerned, please furnish information under this Article in the form set out under Article 6.

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Article 10

A. Please state in detail the name of the benefits provided under each scheme concerned, with reference to paragraph 1 of this Article, specifying more particularly, the pharmaceutical supplies provided and the service provided in case of hospitalisation.

According to the *Health Care and Health Insurance Act*, the right arising from compulsory health insurance is **the right to health services** (*benefits in kind*).

Pursuant to the Article 22 of the *Rules on compulsory health insurance*, the right to health services includes:

- health services:
 - on a primary care level,
 - on a level of specialists,
 - dental care,
 - pharmacies,
 - hospital care,
 - health resort treatments and medical treatments on a tertiary level,
 - medical care;
- health services of preventive nature according the adopted national programme;
- diagnostics services;
- treatment and medical rehabilitation of those who are ill or injured;
- health services in connection with childbirth, termination of pregnancy, artificial fertilisation and sterilisation;
- rehabilitation, organisation of training for living with a certain disease by following special programmes;
- urgent and other transportation with ambulance and other vehicles;
- prescription medications in accordance with categorisation of medicines;

- foodstuffs for particular nutritional use, prescribed according to classification in the lists determined by the institution;
- orthopaedic and other aids.

Services provided in case of hospitalisation are:

- providing professional, technological and organisational services (services that cannot be performed on a primary care level, in specialist-ambulant practices or in health resorts);
- medical care during the hospitalisation;
- maintenance during the hospitalisation (accommodation and food);
- hospital accommodation and food only during the daytime (daytime hospital);
- providing medication and material for dressing wounds;
- medical aids (instruments) needed for performing services due to which the person in question has been accepted for health treatment.

B. If recourse is had to paragraph 2 please indicate, for each type of the benefit enumerated in paragraph 1(a), the extent to which the patient or the breadwinner is required to share the cost of the medical care received. Please state what measures are taken to ensure that cost-sharing does not involve hardship.

Article 23 of the HCHIA defines the rights to health services deriving from compulsory insurance. Through compulsory insurance, insured persons are provided payment for the following health services:

1. in their entirety (100%):

- regular and other preventive check ups for children, schoolchildren and students up to 26 years of age, women in connection with pregnancy and other adults in accordance with a programme, except for check ups provided by employers on the basis of law;
- prevention, screening and early discovering of disease;
- counselling, education, training and assistance in changing an unhealthy lifestyle;
- treatment and rehabilitation of children, schoolchildren and students in full-time education and children and young people who are physically and mentally challenged and children and young people with accidental head injuries and brain damage;
- women's health care in connection with family planning, contraception, pregnancy and childbirth;
- prevention, discovery and treatment of the HIV infection and infectious diseases as determined by law;
- compulsory vaccination, immunoprophylaxis and chemoprophylaxis according to a programme;
- treatment and rehabilitation of malignant diseases, muscular and neuro-muscular diseases, paraplegia, tetraplegia, cerebral palsy, epilepsy, haemophilia, mental illness, developed forms of diabetes, multiple sclerosis and psoriasis;
- comprehensive care with treatment and rehabilitation of blindness and low vision in compliance with the valid classification of the World Health Organization, completely or seriously hearing impaired according to the International classifications of impairments, disabilities and handicaps of the World Health Organization (1980), cystic fibrosis and autism and persons with acquired head injury and brain disorder;
- treatment and rehabilitation as a result of occupational sickness and injuries at work;
- health care in connection with the donation and exchange of tissue and organs for transplanting into other persons;
- emergency medical assistance including emergency ambulance transportation;
- help-in-the-home visits, treatment and care in the home and in social security institutes;

- prescription medication from the positive list in connection with treatment under the above indents 4 to 13e, orthopaedic and other aids in connection with treatment under the above indents;
 - medication and foodstuffs for particular nutritional use from the positive and intermediate list for children, schoolchildren, apprentices and students and for persons with disorder in their physical and mental development;
 - foodstuffs for particular nutritional use with adapted composition of nutrients for treatment of insured persons with congenital digestive disorders;
 - cohabitation of one parent in a health care institution with their sick child aged up to 5 years;
 - preliminary and periodical medical examinations for sportspersons who participate in official competitions of national sector unions;
2. at least 90% of the value:
- organ transplants and other highly complex surgery;
 - treatment abroad;
 - intensive therapy, radiotherapy, dialysis and other highly complex diagnostic, therapeutic and rehabilitation treatment;
3. at least 80% of the value:
- treatment of low fertility, artificial fertilisation, sterilisation and termination of pregnancy;
 - specialist-ambulant, hospital and health resort services as a continuation of hospital treatment, except for injuries outside work;
 - the non-medical portion of care in hospitals and health resorts as a continuation of hospital treatment, except for injuries outside work;
 - services in primary care level that are not covered in point 1 and treatment of dental and oral diseases;
 - orthopedic, orthotic, hearing and other aids except in cases from points 1 and 4 of this paragraph;
4. at least 70% of the value:
- specialist-ambulant, hospital and health resort services as a continuation of hospital treatment and non-medical portion of care in hospitals and health resorts as a continuation of hospital treatment, orthopaedic, orthotic and other accessories in connection with treatment of injuries outside work;
 - medication from the positive list except for cases from point 1 of this paragraph;
5. at most 60% of the value:
- non-urgent rescue transportation of insured persons who are immovable or need transportation to and from dialysis, or in other cases where transportation by means of public transport or car would be harmful to their health or who, due to their health condition, need escort by a medical worker;
 - health resort treatment that is not a continuation of hospital treatment;
6. at most 50% of the value:
- medication and foodstuff for particular nutritional use from the intervening list;
 - dental prosthesis for adults;
 - visual aids for adults.

Military disabled persons and civilians disabled in war are provided with payment in its entirety for health care services, with the difference being made up from the national budget (Article 24 of the HCHIA).

The Republic of Slovenia covers the difference to the full value of health care services from budgetary funds in compliance with points 2 to 6 for insured persons referred to in point 22 of the first paragraph of Article 15 of the HCHIA.

The Republic of Slovenia covers the difference to the full value of health care services from budgetary funds in compliance with points 2 to 6 for insured persons and their family members referred to in the first paragraph of Article 15 of the HCHIA, provided that the relevant rights are not fully provided to them under compulsory health insurance from another entitlement and if they are eligible to obtain financial social assistance.

In respect to the provisions of the first paragraph of article 23 of the HCHIA, payment in full is also guaranteed for services under points 2, 3 and 4, when it concerns urgent treatment of persons who are not voluntarily insured for the difference in the costs of these services:

- of invalids and other persons with the right to the assistance of another person for the implementation of the majority or all of their existential functions according to special regulations; invalids who have at least 70% physical disability according to regulations on pension and invalid insurance, and insurees under point 16 of the first paragraph of article 15 of HCHIA, and persons over 75 years old;
- persons who fulfil the income conditions for obtaining a benefit according to regulations on social security;
- persons whose expenses for payment of these services exceeds per calendar year the cost defined by the Institute. This cost is dependent on the income of the family member of the insured person and must not be less than two years premium for voluntary insurance for such cases.

C. Please confirm that, in accordance with paragraph 2, cost-sharing is not required in the case of pregnancy and confinement and their consequences. If the scheme provides for the reimbursement of the expenses which the beneficiary or the breadwinner was obliged to incur in order to obtain the benefits stipulated in paragraph 1 (b) please furnish any available information to show that the beneficiary or her breadwinner does not share in the cost of such benefits.

As mentioned above, according to the Slovenian legislation, cost-sharing in the case of pregnancy, confinement and their consequences is not required. Through compulsory health insurance, insured persons are provided payment in their entirety for the following health services (Article 23 of the HCHIA):

- regular and other preventive check-ups for women in connection with pregnancy;
- women's health care in connection with family planning, contraception, pregnancy and childbirth.

According to the *Article 27 of the Rules on Compulsory Health Insurance (Rules)*, preventive check-ups for women include:

- check-ups and counselling with regard to family planning, pregnancy, sexually transmitted infections and subsequent infertility;
- contraception;
- up to 10 systematic check-ups during pregnancy and 2 check-ups with ultrasound;
- discovering carriers of HBs antigen, infected with toxoplasmos and syphilis;
- one home visit to a pregnant woman in the second half of pregnancy;
- medical check-ups six weeks after confinement or three weeks after spontaneous or artificial miscarriage;
- desensibilisation of Rh negative women with gamaglobulyns after the confinement or after the termination of pregnancy;

- indirect Coomb's test for every pregnant women and Rh desensibilisation in 28th weeks of pregnancy;
- a check-up for early detection of cervical cancer, carried out once every three years for women between 20 and 75 years of age, if two results of the PAP test in one-year period are negative;
- clinical breast examinations once every three years for women between 20 and 50 years of age and once every two years for women after 50 years of age;
- amniocentesis and cariotypisation with positive transplantation test, paid by the pregnant woman herself, for pregnant women under the age of 35;
- transplantation test for pregnant women aged between 35 – 37, and in case of the test being positive also amniocentesis and cariotypisation;
- chorion biopsy or amniocentesis for cariotypisation for pregnant women above 37 years of age;
- advisory preventive community nursing visit for women who after three years fail to respond to the invitation for preventive examination (27 October 2002)
- first counselling and prescribing hormone replacement preparations for women without chronic diseases;
- mammography once every two years for women over 50 years of age and once a year for women who have taken hormone replacement preparations for more than 5 years;
- ultrasound assessment of endometrium thickness once a year for women who continuously take hormone replacement preparations (Article 27).

According to the Article 38 of the Rules, insured persons (*pregnant female*) have the right to the hospital treatment (hospitalisation) which includes:

- providing more demanding professional, technological and organisational services (services that cannot be performed on a primary care level, in specialist-ambulant practices or in health resorts);
- medical care during the hospitalisation;
- maintenance during the hospitalisation;
- hospital accommodation and food only during the daytime (daytime hospital);
- providing medications and material for dressing wounds;
- accessories required for medical treatment;
- health services and health care related to confinement.

D. Please state in detail what measures are taken to give effect to provisions of paragraphs 3 and 4.

Insured persons can exercise their above-mentioned rights from compulsory health insurance in institutions and by doctors that are part of the public health service network. On the basis of concessions public health service network entails public health care and other institutions and private doctors. Health Insurance Institute of Slovenia (HIIS) concludes a contract with providers which fulfill the tender requirements. HIIS supervises the implementation of the contract provisions on giving an assurance of the rights of the insured persons under the compulsory health insurance.

Health promotion where people live and work:

- healthy nursery schools;
- healthy schools;
- health at the workplace;
- health promotion in local communities (multi-disciplinary and interdepartmental cooperation, including political authorities at the local level, with the aim of creating a health-friendly environment).

Article 11

Please state, for each scheme concerned, the length of the qualifying period which has been considered necessary to preclude abuse. Please summarise the rules concerning the computation of the qualifying period.

In the case of the compulsory health insurance, the insured person is entitled to the benefit (*health services*) from the first day of health insurance onwards (no qualifying period required) (Article 78 of the HCHIA).

The Health Insurance Institute of Slovenia may define conditions of prior insurance of up to 6 (six) months for the right to orthopaedic, eye, ear, orthodontic and other aids, except in the case of rights under point 1 of the first paragraph of the Article 23 of the HCHIA (health services which costs are covered entirely on the basis of compulsory health insurance – see above) (Article 23 of HCHIA).

Article 12

1. Please state, for each scheme concerned, whether the duration of all or any of the medical benefits referred to in paragraph 1 (a) of the Article 10 is limited, if so, please specify:

- (a) the limit or limits fixed, in general, for each type of benefit;*
- (b) the limit or limits fixed in case of diseases recognised as entailing prolonged care.*

All medical benefits (*health services*) stated above are provided for the whole time of a medical condition, which requires a certain health treatment (*unlimited*).

2. Please indicate, with reference to Article 68, the provisions, if any, for the suspension of the medical benefits referred to in Article 10, under each scheme or schemes concerned.

Article 23 of HCHIA stipulates that insured persons referred to in point 22 of the first paragraph of Article 15 of the HCHIA (such as detainees, sentenced persons and other persons under point 22) have a limited right to freely choose a doctor in a health care institution, which they exercise in accordance with regulations governing the enforcement of penal sanctions. These insured persons have no right to treatment and care at home, treatment abroad, treatment in health establishments and compensation for temporary inability to work, even if they work in public utility units, to nurse a close relative and travel reimbursement related to the use of health care services. These insured persons also cannot have their close family members included in their insurance.

Article 25 of the Rules on compulsory health insurance stipulates that the following rights are not arising from the compulsory health insurance:

- aesthetic surgery services, unless they are necessary to alleviate the consequences of injuries, impairments or diseases and are also connected with removal of functional impairments;
- services, connected to sobering after acute alcohol intoxication;
- services of non-obligatory vaccination;
- services of establishing the health condition of the insured person, carried out due to requirements or regulations in other domains or of other bodies (insurance companies, courts, in criminal proceedings, issuing of certificates for motor vehicle drivers, measures related to safety at work, etc.);
- services, necessary to exercise rights arising from pension and disability insurance, which exceed the scope of services defined in the list of obligatory medical documentation for exercising rights on the basis of disability and the remaining ability to work, and services required by the disability committee;

- services of alternative diagnostics, treatments or rehabilitation, which were not authorized by the minister of health;
- services carried out on the requirement of the insured person which are in opinion of the personal or referred doctor not necessary,
- services required for the suspension of damage caused by the insured person;
- transport costs of repatriating the insured person.

PART III SICKNESS BENEFIT

The Constitution of the Republic of Slovenia defines Slovenia as a law-governed and social state (Article 2 of CRS). The chapter on human rights and fundamental freedoms specifically guarantees *the right to social security* (Article 50 of CRS), which stipulates that, under the conditions laid down by law, citizens of RS have the right to social security. It is the duty of the state to arrange compulsory health, pension, disability and other social insurance, and to ensure the operation thereof. Article 51 of the Constitution of RS (*the right to health care*) stipulates among other things that everybody has the right to health care under the conditions laid down by law.

Primary legislation:

- Health Care and Health Insurance Act (Official Gazette RS, no. 9/92, 13/93, 9/96, 29/98, 77/98 Odl. US, 6/99, 56/99-ZVZD, 99/01, 42/02-ZDR, 60/02, 11/03 Skl. US, 126/03, 20/04-UPB1, 62/05 Odl. US, 76/05, 100/05-UPB2, 100/05 Odl. US, 21/06 Odl. US, 38/06, 72/06-UPB3, 114/06-ZUTPG, 91/07, 71/08, 76/08, 118/08 Skl. US, 62/10-ZUPJS, 87/11, 40/12-ZUJF, 21/13-ZUTD-A, 91/13, 99/13- ZUPJS-C, 99/13-ZSVarPre-C, 111/13-ZMEPIZ-1, 95/14-ZUJF-C, 47/15-ZZSDT);
- Health Services Act (Official Gazette RS, no. 9/92, 26/92 corr., 37/95, 8/96, 59/99, 90/99, 98/99, 31/00, 36/00, 45/01, 131/03, 135/03, 2/04, 36/04-UPB1, 80/04, 23/05-UPB2, 15/08-ZPacP, 23/08, 58/08-ZZdrS-E, 77/08-ZDZdr, 40/12-ZUJF, 14/13);
- Pharmacies Act (Official Gazette RS, no. 9/92, 38/99, 2/04, 36/04-UPB1);
- Social Security Contributions Act (Official Gazette RS, no. 5/96, 18/96-ZDavP, 34/96, 87/97, 3/98, 106/99-ZPIZ1, 81/00-ZPSV-C, 97/01-ZSDP, 97/01, 62/10 Odl. US, 40/12-ZUJF, 96/12-ZPIZ-2, 91/13-ZZVZZ-M, 99/13-ZSVarPre-C, 26/14-ZSDP-1);
- Health Care Databases Act (Official Gazette RS, no. 65/00, 47/15);
- Employment Relationship Act (Official Gazette RS, no. 21/13, 78/13- corr., 47/15-ZZSDT in 33/16-PZ-F).

Secondary legislation:

- Rules on compulsory health insurance (Official Gazette RS, no. 73/95, 39/96, 70/96, 47/97, 3/98, 3/98, 51/98 Odl. US, 90/98, 6/99 corr., 109/99 Odl. US, 61/00, 64/00 corr., 59/02, 11/03 Skl. US, 18/03, 30/03, 35/03 corr., 78/03, 84/04, 44/05, 86/06, 90/06 corr., 64/07, 33/08, 71/08, 118/08 Skl. US, 7/09, 88/09, 30/11, 49/12, 106/12, 99/13-ZSVarPre-C, 25/14 Odl. US, 25/14, 85/14);
- Statute of the Health Insurance Institute of Slovenia (Official Gazette RS, no. 87/01, 1/02 corr.);
- Rules on carrying out preventive health care at the primary level (Official Gazette RS, no. 19/98, 47/98, 26/00, 67/01, 33/02, 37/03, 117/04, 31/05, 83/07, 22/09).

National programmes:

- Resolution on National Health Care Plan 2016-2025 (Official Gazette RS, no. 25/16).

Basic features of legal arrangements

The health insurance in the RS is regulated by two pieces of legislation, the *Health Care and Health Insurance Act* (HCHIA) and the *Rules of compulsory health insurance*.

The health insurance in the Republic of Slovenia can be:

- compulsory and

- voluntary (Article 12 of the HCHIA).

a) Compulsory health insurance

Compulsory insurance (Article 13 of the HCHIA) comprise:

- Insurance against sickness and injuries outside work;
- Insurance against injuries at work and occupational sickness.

Insured persons are provided, in an amount determined by law:

- pay for health services (*benefits in kind*);
- sickness benefit in lieu of pay during temporary absence from work (*sickness benefit*);
- reimbursement of travel expenses in connection with receiving health services.

b) Voluntary health insurance

Voluntary health insurance covers the insured person's costs of health care and related services, provision of medicines and assistive devices and payments of the agreed financial compensation in case of illness, injury or a special health condition. In the area of the Republic of Slovenia, such insurance may be provided by insurance companies which meet the prescribed conditions according to this act and the Insurance Act.

Voluntary health insurance is classified as a type of health insurance and, more broadly speaking, belongs to the group of property insurance. Insurance companies may introduce the following types of voluntary health insurance:

1. Complementary health insurance which covers, when exercising rights to health care services according to procedures and conditions prescribed in the compulsory health insurance, the difference between the value of health care services pursuant to Article 23 of the HCHIA and the share of this value which is covered from compulsory health insurance pursuant to the same Article, or a part of this difference when the co-payment refers to the right to medicinal products with the highest recognized value and to assistive devices;
2. Substitute insurance which, up to the extent of the compulsory health insurance standard, covers costs of health care and related services and provisions of medicinal products and assistive devices to persons who cannot be included in compulsory insurance in accordance with regulations of the Republic of Slovenia;
3. Supplementary health insurance which covers costs of health care, related services, provision of medicinal products and assistive devices and payments of financial benefits which are not an integral part of compulsory health insurance rights and which is considered neither complementary nor substitute health insurance;
4. Parallel health insurance which covers costs of health care and related services and provision of medicinal products and assistive devices which are otherwise a right pursuant to compulsory health insurance, but which the insured persons exercise through other procedures and under other conditions than prescribed by the compulsory health insurance system.

Insurance companies may also introduce combinations of different types of voluntary health insurance, but these may not include complementary insurance (Article 61 of the HCHIA).

Article 15

A. Please state to which of the sub-paragraphs of this Article recourse is had.

In the case of Slovenia, the recourse is had to sub-paragraph (a) of this Article.

B. Please indicate the classes of persons protected in accordance with the provisions of this Article

According to the Article 28 of the Health Care and Health Insurance Act (HCHIA), the right to benefit in lieu of pay during temporary absence from work (*sickness benefit*) is held by:

- those insured under points 1, 2, 3, 4, 5, 6 and 8 of the first paragraph of Article 15 of the HCHIA,
- those insured under point 7 of the first paragraph of Article 15 of the HCHIA, if they pay a contribution on the threshold determined for pension and disability insurance.

Those insured are:

1. Persons who are employed in the Republic of Slovenia;
2. Persons employed by an employer with their principal office in the Republic of Slovenia and sent to work or for professional training abroad, if they are not compulsorily insured in the country to which they have been sent;
3. Persons employed by foreign and international organisations and institutions, foreign consular and diplomatic representations based in Slovenia, unless otherwise provided by treaty;
4. Persons with permanent residence in the Republic of Slovenia employed by a foreign employer and not insured with a foreign health insurance provider;
5. Persons who independently perform commercial or professional activities in the territory of the Republic of Slovenia as their only or main occupation;
6. Persons who are owners of private companies in the Republic of Slovenia if they are not insured elsewhere;
7. Farmers, members of their establishments and other persons performing farming activities in the Republic of Slovenia as their only or main occupation (if they pay a contribution on the threshold determined for pension and disability insurance);
8. Top sportsmen and chess players – members of physical training and chess organisations in the Republic of Slovenia who are not insured elsewhere.

C. Please furnish statistical information under this Article as follows: Title I under Article 74

Please see Part II – Medical Care / Article 9 / question C.

D. If recourse is had to Article 6 above (voluntary insurance), for all or any of the schemes concerned, please furnish information under this Article in the form set out under Article 6.

/

Article 16

A. If recourse is had to sub- paragraphs (a) or (b) of Article 15 for determining the persons protected, please state whether is had, for the calculation of the benefit, to the provisions of Article 65 or those of Article 66.

Please furnish information under this Article as follows:

- i. *if recourse is had to Article 65, in the form set out in Titles I, II and V under Article 65 bellow;*

- ii. *if recourse is had to Article 66, in the form set out in Titles I, II and V under Article 66 below.*

Article 65 / paragraph 6 / (c): *a person whose earnings are equal to 125 per cent of the average earnings of all persons protected:*

- average wage (gross) in **2015** = 1555,89 EUR³
average wage (net) in **2015** = 1013,23 EUR
- ASSESSMENT BASIS FOR THE CALCULATION OF BENEFITS - STANDARD WAGE:
125 per cent of average wage (gross) in 2015 = 1944,87 EUR
125 per cent of average wage (net) in 2015 = 1266,54 EUR

(1) TITLE I

A: Standard beneficiary: a person whose earnings are equal to 125 per cent of the average earnings of all persons protected (Article 65 / paragraph 6 / (c))

B: 125 per cent of average wage (net)

C: Standard wage (net) in 2015 = 1266,54 EUR

(2) TITLE II

TIME BASIS: January 2016

D: Amount of benefit granted during the time basis

- man with wife and two children
- assessment basis = 1266,54 EUR⁴

In the case of illness:

First 90 calendar days: 80% of the assessment basis = 80% of 1266,54 EUR = 1013,23 EUR

After 90 calendar days: 90% of the assessment basis = 90% of 1266,54 EUR = 1139,9 EUR

In the case of injury outside work:

First 90 calendar days: 70% of the assessment basis = 70 % of 1266,54 EUR = 886,58 EUR

After 90 calendar days: 80% of the assessment basis = 80 % of 1266,54 EUR = 1013,23 EUR

E: Child benefit:

- family: 1 (man) + 1 (wife) + 2 children
the income class⁵: 1266,54 EUR / 4 = 316,63 EUR per family member (which is 31,25 % of the average wage (net) in 2015 (1013,23 EUR))

³Source: Statistical Office of the Republic of Slovenia;

http://pxweb.stat.si/pxweb/Dialog/viewplus.asp?ma=H284S&ti=&path=../Database/Hitre_Repozitorij/&lang=2

⁴ According to the HCHIA, the basis for this remuneration is the average monthly salary and allowances or the average base for the payment of contributions in the **calendar year preceding the year in which the temporary absence from work began**. The allowance amounts to 90% of the basis during absence from work due to illness and 80% of the basis during absence from work due to injury outside work, care for a family member and accompaniment ordered by a physician. Notwithstanding the preceding paragraph for the first 90 days the compensation shall be 80% of the base in the cases of the absence from work due to illness and 70% of the base during absence from work due to injury outside work (Article 31).

⁵ According to the Article 21 of the Exercise of rights to public funds act (ERPFA) the limits of income for establishing the eligibility to the rights to public funds are determined regarding the average monthly salary after the payment of taxes and compulsory contributions for social security per employee in the Republic of Slovenia according to the data of the Statistical Office

1st child = 74,48 EUR; 2nd child = 83,25 EUR; $\Sigma = \underline{157,73 \text{ EUR}}$

F: Child benefit:

- family: 1 (man) + 1 (wife) + 2 children

In the case of illness:

First 90 calendar days:

- the income class: 1013,23 EUR / 4 = 253,3 EUR per family member (which is 24,99 % of the average wage (net) in 2015 (1013,23 EUR))
- 1st child = 97,73 EUR ; 2nd child = 108,04 EUR; $\Sigma = \underline{205,77 \text{ EUR}}$

After 90 calendar days:

- the income class: 1139,9 EUR / 4 = 221,64 EUR per family member (which is 28,13 % of the average wage (net) in 2015 (1013,23 EUR))
- 1st child = 97,73 EUR ; 2nd child = 108,04 EUR; $\Sigma = \underline{205,77 \text{ EUR}}$

In the case of injury outside work:

First 90 calendar days

- the income class: = 886,58 EUR / 4 = 251,35 EUR per family member (which is 21,87 % of the average wage (net) in 2015 (1013,23 EUR))
- 1st child = 97,73 EUR; 2nd child = 108,04 EUR; $\Sigma = \underline{205,77 \text{ EUR}}$

After 90 calendar days:

- the income class: = 1013,23 EUR / 4 = 253,3 EUR per family member (which is 24,99 % of the average wage (net) in 2015 (1013,23 EUR))
- 1st child = 97,73 EUR; 2nd child = 108,04 EUR; $\Sigma = \underline{205,77 \text{ EUR}}$

G: $(D + F) / (C + E)$

In the case of illness⁶:

First 90 calendar days:

$(1013,23 \text{ EUR} + 205,77 \text{ EUR}) / (1266,54 \text{ EUR} + 157,73 \text{ EUR}) = 0,8558 - 85,6 \%$

After 90 calendar days:

$(1139,9 \text{ EUR} + 205,77 \text{ EUR}) / (1266,54 \text{ EUR} + 157,73 \text{ EUR}) = 0,9448 - 94,5 \%$

In the case of injury outside work:

First 90 calendar days:

$(886,58 \text{ EUR} + 205,77 \text{ EUR}) / (1266,54 \text{ EUR} + 157,73 \text{ EUR}) = 0,7669 - 76,7 \%$

After 90 calendar days:

$(1013,23 \text{ EUR} + 205,77 \text{ EUR}) / (1266,54 \text{ EUR} + 157,73 \text{ EUR}) = 0,8558 - 85,6 \%$

B. /

of the Republic of Slovenia in the calendar year prior to the year when the application is submitted (net average salary), except if the Act stipulates otherwise. If the net average salary for the previous calendar year is still not available, then the net average salary for the year before the previous year is considered.

The amount of child benefit is laid down on the basis of family placement in the income class.

⁶ A brief explanation what is the difference between the illness and injury outside work:

- illness – if a person is taken sick (e.g. has a certain disease);
- injury outside work – if a person has an accident while not performing work (e.g. broken leg)

C. Please state what measures are taken to guarantee, without means test, a prescribed benefit to the prescribed classes of persons determined in accordance with Article 15 (a) or (b).

The right to sickness benefit in lieu of pay during temporary absence from work (*sickness benefit*) is a right arising from the compulsory health insurance, which is governed by the Health Care and Health Insurance Act (HCHIA).

According to the HCHIA, **the basis for the benefit** is the average monthly wage and benefits or the average basis for payment of contributions in a calendar year prior to the year in which the temporary absence from work began (Article 31 of the HCHIA).

The basis for benefit for insured persons who have not received wages or have no basis for payment of contributions in the period, is the average monthly amount of pay or the basis for payment of contributions during the period of insurance prior to the start of absence from work. Insured persons who are injured on the way to work before arriving at work and insured persons who after completing military service or after temporary leave from military service because of illness or injury cannot begin work, the calculation shall be based on the pay which they would have received if they had started work (Article 32 of the HCHIA).

Benefit is paid to the insured person on the basis of the opinion of the personal physician or competent physicians' committee (Article 29 of the HCHIA):

- from the first day of absence from work for transplant of living tissue and organs to benefit another person, as a consequence of giving blood, care of a close family member, quarantine and attendance ordered by a physician and from injury sustained in circumstances from Article 18 of the HCHIA;
- from the 31st day of absence from work in all other cases (Note: as of 1 January 2003 this indent is not used in relation to the right to wage compensation in cases of the worker's inability to work due to an illness or injury which is not related to work – Employment Relationship Act (Official Gazette RS, no. 21/13, 78/13-popr., 47/15-ZZSDT, 33/16-PZ-F).

For the first 30 days of absence from work, his/her employer pays the benefit (*wage compensation*). The legal basis for it is the **Employment Relations Act (ERA)**, which in this regard lays down the following provision: The employer shall pay wage compensation from own funds in cases of the worker's inability to work due to an illness or injury which is not related to work for up to 30 working days for individual absence from work but not more than for 120 working days in a calendar year. In cases of a worker's inability to work due to an occupational disease or employment injury, the employer shall pay the worker wage compensation from own funds for up to 30 working days for each individual absence from work. In case of longer absence from work, the employer shall pay wage compensation to the debit of health insurance. In case of two or more successive absences from work due to the same illness or injury which is not related to work in the duration of up to 30 working days, when the individual interruption between two absences lasts less than ten working days, the employer shall pay wage compensation for the period of subsequent absence after the interruption to the debit of health insurance. In case of the worker's absence from work due to an illness or injury which is not related to work, the wage compensation to be paid from the employer's funds shall amount to 80% of the worker's salary in the previous month for full-time working hours (Article 137 of the ERA).

According to the HCHIA the basis for benefit is the average monthly pay and benefit or average basis for payment of contributions in the calendar year prior to the year in which the temporary absence from work occurs (Article 31 of the HCHIA).

The first 90 days benefit (*sickness benefit*) amounts to:

- 90% of the basis in absence from work as a result of transplant of living tissue and organs to benefit another person, as a result of giving blood and quarantine ordered by a physician;
- 80% of the basis in absence from work through illness;
- 70% of the basis in absence from work as a result of injury outside work and attendance ordered by a physician.

After 90 days benefit (*sickness benefit*) amounts to:

- 100% of the basis in absence from work as a result of occupational disease, employment injury, transplant of living tissue and organs to benefit another person, as a result of giving blood and quarantine ordered by a physician;
- 90% of the basis in absence from work through illness;
- 80% of the basis in absence from work as a result of injury outside work, care of a family member and attendance ordered by a physician.

Military disabled persons and civilians disabled in war have the right to benefit in the amount of 100% of the basis (in all cases), but first 90 days have the right to benefit in the amount of 90% of the basis in all cases except absence from work as a result of occupational disease, employment injury and care of a family member.

Benefit may not be less than the guaranteed pay and not higher than the pay that the insured person would receive if he/she was working or than the basis on which he/she is insured at the time of the absence from work.

Article 17

Please state for each scheme concerned, the length of the qualifying period which has been considered necessary to preclude abuse. Please summarise the rules concerning the computation of the qualifying period.

The insured person is entitled to the sickness benefit from the first day of insurance (compulsory health insurance) onwards, meaning no qualifying period is required (Article 78 of the HCHIA).

Article 18

1. Please state, for each scheme concerned, whether the duration of sickness benefit is limited and, if so, specify the limit or limits fixed and indicate how they are determined. Please state whether a waiting period is provided for and, if so, indicate the length of such period and the rules concerning its computation.

As already mentioned above, according to the Article 29 of the HCHIA, the sickness benefit is paid to the insured person on the basis of the opinion of the personal physician or competent physicians' committee:

- **from the first day of absence** from work for transplant of living tissue and organs to benefit another person, as a consequence of giving blood, care of a close family member, quarantine and attendance ordered by a physician and from injury sustained in circumstances from Article 18 of the HCHIA;
- **from the 31st day of absence** from work in all other cases (Note: as of 1 January 2003 this indent is not used in relation to the right to wage compensation in cases of the worker's inability to work due to an illness or injury which is not related to work – Employment Relationship Act, Official Gazette RS, no. 21/13, 78/13-corr., 47/15-ZZSDT, 33/16-PZ-F).

Insured persons who are absent from work owing to temporary incapacity to work, are referred by their personal physician or physicians' committee to a disability commission, if the

physicians' assessment is that there is no likelihood of a return of working ability (Article 34 of the HCHIA), and, in line with Article 246 of the Rules on compulsory health insurance, **in any event after 1 (one) year of uninterrupted absence from work** or from part-time work. If in this case disability is identified, insured persons have the right to benefit:

- up until the day the decision on establishing of category I disability takes legal effect;
- up until the day the decision on establishing of category II or III disability becomes final.

For the first 30 days of absence from work, his/her employer pays the benefit (*wage compensation*). The legal basis for it is the *Employment Relations Act* (ERA), which in this regard lays down the following provision:

The employer shall pay wage compensation from own funds in cases of the worker's inability to work due to an illness or injury which is not related to work for up to 30 working days for individual absence from work but not more than for 120 working days in a calendar year. In cases of a worker's inability to work due to an occupational disease or employment injury, the employer shall pay the worker wage compensation from own funds for up to 30 working days for each individual absence from work.

In case of longer absence from work, the employer shall pay wage compensation to the debit of health insurance. In case of two or more successive absences from work due to the same illness or injury which is not related to work in the duration of up to 30 working days, when the individual interruption between two absences lasts less than ten working days, the employer shall pay wage compensation for the period of subsequent absence after the interruption to the debit of health insurance.

In case of the worker's absence from work due to an illness or injury which is not related to work, the wage compensation to be paid from the employer's funds shall amount to 80% of the worker's salary in the previous month for full-time working hours (Article 137 of the ERA).

2. Please indicate, with reference to Article 68 below, the provision, if any, for the suspension of sickness benefit under the scheme or schemes concerned.

Article 35 of the HCHIA lays down that an insuree is not entitled to the sickness benefit during temporary absence from work if during that time he/she performs paid work.

Payment of the sickness benefit is withheld:

- i. if without due cause an insuree does not report that he/she is ill to the employer or personal doctor within three days of the start of the illness;
- ii. if without due cause an insuree refuses a medical examination or an examination by a health commission;
- iii. if the authorised physician, health commission or supervisory agency ascertains that an insuree is not acting according to the instructions for treatment or if without the permission of the physician he/she leaves his place of permanent residence.

Payment of the sickness benefit is to be withheld until the insuree agrees to an examination or until he/she acts according to the instructions of the physician. The withheld sickness benefit is paid to the insuree for the entire time of justifiable absent from work.

Article 23 of the HCHIA inter alia stipulates that insured persons referred to in point 22 of the first paragraph of Article 15 of the HCHIA (such as detainees, sentenced persons and other persons from point 22) are not entitled to sickness benefit during temporary absence from work even if they work in public utility units.

PART IV UNEMPLOYMENT BENEFIT

The Constitution of the Republic of Slovenia defines Slovenia as a law-governed and social state (Article 2 of CRS). The chapter on human rights and fundamental freedoms specifically guarantees *the right to social security* (Article 50 of CRS), which stipulates that, under the conditions laid down by law, citizens of RS have the right to social security. It is the duty of the state to arrange compulsory health, pension, disability and other social insurance, and to ensure the operation thereof.

Primary legislation:

- Labour Market Regulations Act (Official Gazette RS, no. 80/2010, 40/12-ZUJF, 21/13, 63/13, 100/13, 32/14-ZPDZC-1 and 47/15-ZZSDT);
- Social Security Contributions Act (Official Gazette RS, no. 5/96; 18/96 – ZDavP, 34/96, 87/97 – ZDavP-A, 3/98, 7/98 – odl. US, 106/99 – ZPIZ-1, 81/00 – ZPSV-C, 97/01 – ZSDP, 97/01, 62/10 – odl. US, 40/12 – ZUJF, 96/12 – ZPIZ-2, 91/13 – ZZVZZ-M, 99/13 – ZSVarPre-C and 26/14 – ZSDP-1);
- Employment Relations Act (Official Gazette RS, no. 21/13, 78/13, 47/15 – ZZSDT and 33/16 – PZ-F);

Secondary legislation:

- Statute of the Employment Service of Slovenia (Official Gazette RS, no. 34/2008);
- Rules on Concessions for the provision of Services for Labour Market (Official Gazette RS, no. 65/11);
- Rules on the Method of reporting about vacancy or type of work to the Employment Service of Slovenia, public announcement and the procedure of intervention of employment (Official Gazette RS, no. 59/13 and 97/15);
- Rules on full or partial Debt relief, payment deferral and payment in instalments at financing labour market measures and performers (Official Gazette RS, no. 107/10);
- Rules on the involvement of workers in the labour market measures during the notice period (Official Gazette RS, no. 57/13);
- Rules on the registration and publication of the vacancy or type of work, the process of job placements and the content and method of data reporting to the Employment Service of Slovenia (Official Gazette RS, no. 105/10);
- Rules on conditions for performing the activity of providing labour of workers to another user and the ways of cooperation of the employer with the Employment Service of Slovenia (Official Gazette RS, no. 106/10, 38/12 and 100/13–ZUTD-C);
- Rules on registration and deregistration of records, employment plan, rights and obligations while seeking an employment and the supervision of persons registered in the records (Official Gazette RS, no. 106/10, 10/14 and 98/15);
- Rules on standards and norms for the provision of services for the labour market and methodology for pricing of these services (Official Gazette RS, no. 74/11 and 69/15).

National programmes:

- Guidelines for the implementation of active employment policy measures for the period 2016–2020 (Government decision 13. 11. 2015)
- Plan for the implementation of active employment policy measures for the period 2016 – 2017 (Government decision 11. 12. 2014, modification 24. 6. 2015)
- Catalogue of active employment policy measures (published on the website of Ministry of Labour, Family, Social Affairs and Equal Opportunities)

Basic features of legal arrangements

On the statutory level, unemployment insurance is governed by the Labour Market Regulations Act (ZUTD).

ZUTD regulates government measures in the labour market with which the performance of public services in the field of employment and active employment policy measures as well as the functioning of the unemployment insurance system are provided, the providers of measures are determined, the conditions and procedures for exercising certain rights and services determined hereunder are prescribed, the method for financing measures, the monitoring, assessment and supervision of their implementation is determined, and shall also regulate the referral of workers to another user. These measures mentioned shall be carried out under the terms stipulated in the ZUTD for unemployed and employed persons, other job-seekers, employers and other persons seeking information and advice on the employment terms and possibilities in the Republic of Slovenia and European Union (Article 1 of ZUTD).

The following persons shall have compulsory unemployment insurance (Art. 54 of ZUTD):

- persons who entered into an employment relationship with the Republic of Slovenia;
- persons who upon termination of their employment relationship receive wage compensation during temporary absence from work from the Health Insurance Institute of the Republic of Slovenia according to regulations governing health insurance;
- elected or nominated holders of a public or other office in the legislative, executive or judicial bodies in the Republic of Slovenia or in local self-government, if such persons receive salaries for their post;
- citizens of the Republic of Slovenia, employed in the Republic of Slovenia by foreign and international organisations and institutes, foreign diplomatic missions and consulates, if not otherwise specified by an international agreement and persons employed by foreign employers for which the laws of the Republic of Slovenia apply in compliance with EU regulations;
- self-employed persons;
- managers in a partnership, single-member private limited liability company and institutes;
- home care assistant, beneficiary of partial payment for lost income in line with the regulations governing social security;
- persons who based on the professional performance of foster placement have compulsory insurance in line with the law governing the pursuit of foster care, if not insured on some other basis;
- beneficiaries of parental compensation whose employment relationship has been terminated during parental leave according to the law governing parental protection and family benefits;
- parents who leave the labour market due to the childcare of four or more children for the period of eligibility for the payment of contributions according to the regulations governing parental protection;
- recipients of the unemployment cash benefit.

If the person meets the conditions for compulsory insurance coverage at the same time on various grounds, he/she shall take out compulsory insurance on the basis listed before other options.

The following persons may have compulsory insurance voluntarily (Article 57 of the ZUTD):

- Slovenian citizens employed by an employer in a foreign country who upon returning to their homeland cannot exercise their unemployment rights on other grounds;
- spouses and unmarried partners of Slovenian citizens employed in a foreign country who were employed or self-employed immediately prior to their departure abroad (amendment from the ZUTD-A, Official Gazette RS, no. 21/13 from March 13, 2013);

- persons during the employment contract suspension according to the regulations governing employment relationships;
 - spouses or unmarried partners of diplomats and other public servants assigned to work abroad if one year before their departure they had registered with the Employment Service as unemployed for at least six months;
 - spouses or unmarried partners of diplomats and other public servants assigned to work abroad if one year before departure abroad they had been included in the unemployment insurance for at least six months,
- if such persons have no compulsory insurance hereunder.

The persons with voluntary insurance are entitled the same rights as person with compulsory insurance (Article 57 of the ZUTD).

The rights arising from unemployment insurance are (Article 58 of the ZUTD):

- the right to unemployment cash benefit;
- the right to pay compulsory social insurance contributions;
- the right to pay pension and disability insurance contributions one year before meeting the minimum conditions for obtaining the right to old-age pension according to the regulations governing pension and disability insurance (ZUTD-A Article 38 transitional provision: Notwithstanding the provision of the Article 68 of the Act, the insured, under the second paragraph of the Article 69 of the Act, that after the termination of the right to monetary compensation, does not qualify for a retirement pension in the accordance with the governing pension act and disability insurance, is entitled to payment of contributions for pension and disability insurance, given that the insured is about to meet the conditions for the retirement in prior than in two year period and is registered as an unemployed person; the right can be enforced until March, 1, 2018).

Unemployment insurance rights may be obtained by an unemployed person who was insured for at least nine months in the last 24 months before the unemployment occurred (Article 59 of the ZUTD) (ZUTD-A: the new paragraph 7 of the Article 60 of ZUTD: Notwithstanding the first paragraph of Article 59 of the Act, an unemployed person, when at the age of less than 30 years, can acquire the rights from the unemployment insurance when, prior to unemployment, the insurance lasted at least six months in the last 24 months. An unemployed person may claim the right to the unemployment benefit for a period of two months).

Insurance rights shall be obtained by the insured person exclusively based on the contribution payments, if not otherwise determined hereunder for a specific event.

An unemployed person may claim the unemployment cash benefit lasting (Article 60 of the ZUTD):

- three months for the insurance period ranging from nine months to five years,
- six months for the insurance period ranging from 5-15 years,
- nine months for the insurance period ranging from 15-25 years,
- twelve months for the insurance period exceeding 25 years,
- nineteen months for insured persons older than 50 years of age and with the insurance period exceeding 25 years,
- twenty-five months for insured persons older than 55 years of age and with the insurance period exceeding 25 years,

According to Article 62 of the ZUTD the cash benefit shall be paid in the amount of 80% of the assessment basis for the first three months. In the following months the cash benefit shall be reduced to 60% of the basis. (amendment with the ZUJF - its provisions were transferred into the systemic regulation by ZUTD-A: 80 percent of the assessment basis is paid for the first three months and 60 percent for further nine months. 50 percent of the assessment basis is paid after

this period.). The lowest cash benefit amount shall not be lower than 350 EUR. The highest cash benefit amount shall not exceed the aforementioned amount by more than threefold (amendment with the ZUJF - its provisions were transferred into the systemic regulation by ZUTD-A: The maximum amount of unemployment benefit cannot be higher than 892.50 EUR (gross)).

Article 20

Please give the definition of the contingency which, under national laws or regulations, give rise to unemployment benefit.

The aim of this Act is to assure security to insured persons if unemployment occurs through no fault of their own or against their will by providing an unemployment cash benefit in compliance with the reciprocity and solidarity principles (Article 3 of the ZUTD).

According to the Article 8 of the ZUTD, an unemployed person is a job-seeker, capable of work, registered with the Employment Service who actively seeks employment and is prepared to accept any appropriate or suitable employment offered by the Employment Service or other provider of employment brokerage services and:

- is not in an employment relationship;
- is not self-employed;
- is not a member of the management body in a partnership, single-member private limited liability company and institutes;
- is not a farmer;
- is not a pensioner;
- does not hold the status of a secondary-school student, apprentice, university student or person taking part in adult education of less than 26 years of age.

An unemployed person is also an alien with citizenship of a state which is not a member of the EU, EEA or Swiss Confederation and has a personal work permit valid for a period of three years or for an indefinite period, an alien holding a personal work permit issued to a person with temporary protection or to an international protection applicant, and an alien who based on the concluded international agreement or upon considering the reciprocity principle meets the terms for obtaining the right to cash benefit during unemployment, until such person keeps receiving the benefit (amendment with the ZZSDT 2015: Under this Act, an unemployed person is also a foreigner with the nationality of a country that is not a member of EU EGP of Swiss Confederation, having a free access to the Slovenian labour market, a foreigner with a valid single residence and work permit, issued on the consensus of employment, self-employment or work basis, a foreigner with the EU blue card and a foreigner, residing in Republic of Slovenia on the temporary residence permit or the certificate of in-time application for issuing a further residence permit and based on employment or self-employment qualifies to receive unemployment benefit in the Republic of Slovenia until receipt of this compensation.)

Unemployed persons also include a person which is involved in on-the-job training, the reason for which such person received unemployment insurance coverage, if he/she registers with the Employment Service to exercise his/her insurance rights and for the purpose of actively seeking other employment upon continuing his/her training. Such person is regarded as an unemployed person for the entire period for which the person receives cash benefit and upon the termination thereof until such person fulfils all the obligations borne by unemployed persons. An unemployed person is also a person who is enrolled in an education or training course during or after his/her unemployment cash benefit ceased until he/she actively seeks employment and fulfils all other obligations borne by unemployed persons.

Unemployment insurance rights may be obtained by an unemployed person who was insured for at least nine months in the last 24 months before the unemployment occurred (for

unemployed persons, younger than 30 years of age – 6/24, paragraph 7 of the Article 60 of the ZUTD). A person who was insured based on an employment relationship shall also obtain unemployment rights, even though the employer as the person liable for payment of unemployment insurance contributions failed to pay the latter and this irrespective of their recovery possibility. In these cases, the entire duration of the employment relationship shall be included in the insurance period of such insured person (Article 59 of the ZUTD).

Unemployment insurance rights may be obtained by an unemployed person who was insured for at least nine months in the last 24 months before the unemployment occurred (Article 59 of the ZUTD) (for unemployed persons, younger than 30 years of age – 6/24, paragraph 7 of the Article 60 of ZUTD).

Article 129 of the ZUTD stipulates that the Employment Service shall cease to keep the person concerned in the register of unemployed persons:

- under the provisions of this Act the person is not unemployed anymore;
- he/she de-registers from the register of unemployed persons and of persons participating in active employment policy programmes;
- he/she refuses to enter an active employment policy programme⁷ or breaches an obligation arising from the contract on the entry in an active employment policy programme;
- he/she refuses to accept appropriate⁸ or suitable employment⁹ or during a job interview does not endeavour to get the job;
- he/she does not provide correct data regarding the eligibility for obtaining the status of the unemployed person or status of a participant in an active employment policy programme;
- the prescribed procedure establishes existence of a reason due to which the person is temporarily unemployable;
- he/she is in detention that lasts for more than six months or starts serving the sentence of imprisonment of six months or more;
- it is established by the competent authority that he/she has been or is engaged in occasional or regular illegal employment;
- he/she is not an active job seeker, save exempted from this obligation by the employment plan;

⁷ The active employment policy (AEP) is a range of measures in the labour market intended to increase employment and decrease unemployment, to raise employability in the labour market, competitiveness and flexibility of workers. Unemployed persons and other job-seekers shall have the right and obligation in order to increase their employment opportunities to participate in the AEP measures in line with the basis for their implementation determined in the ZUTD.

⁸ Appropriate employment according to article 12 of the ZUTD shall be employment:

- concluded for an indefinite or definite period for full or part-time pursuant to the law governing employment relationships or that corresponds to the decision on established disability;

- at a workplace, no further than a three-hour drive using public transport or transportation organised by the employer from the person's place of residence and back,

- which complies with the type and level of completed education of a person, if the person is a first time job seeker or again seeks employment after a break in employment of at least two years or complies with the type and level of required education (qualification) for performing work in the job position in which the person worked for the most part of the last 12 months prior to the unemployment, and is determined through employment objectives in the employment plan, for which work experience, additional knowledge, capabilities of a person and opportunities in the labour market are also considered.

(2) Irrespective of the previous paragraph, the appropriate employment for an unemployed person living alone with a child below 15 years of age within a common household includes employment at a workplace no further than a two-hour drive with public transport or transportation organised by the employer from the person's place of residence and back.

⁹ Suitable employment hereunder shall be employment:

- concluded for an indefinite or definite part-time for at least half of the working-time,
- at a workplace, no further than a three-hour drive using public transport or transportation organised by the employer from the person's place of residence and back,

- which corresponds with the type and at most one level lower education of the person with regards to the appropriate employment and is determined through employment objectives in the employment plan in four months at the latest from entering the person in the register of unemployed persons.

Irrespective of the previous paragraph, suitable employment for an unemployed person living alone with a child below 15 years of age within a common household is construed as employment at a workplace no further than a two-hour drive with public transport or transportation organised by the employer from the person's place of residence and back.

An unemployed person may be offered suitable employment after three months upon entering the person in the register of unemployed persons if there are no unemployed persons for which such employment is considered appropriate.

- he/she refuses to sign the employment plan in accordance with this Act Article 113 paragraph six.

Notwithstanding the provision of the preceding paragraph, the person who got part-time employment during the period of receiving unemployment benefit and exercised the right under the provision of Article 66 of this Act, shall be kept in the register of unemployed persons for the period he/she is being paid unemployment benefit and actively seeks full-time employment. Participation in active employment policy programmes shall not be the reason for the termination of record keeping in the register of unemployed persons, save in cases when the person participates in an active employment policy programme which is implemented with the conclusion of employment contract.

In addition, performance of the contract on participation or expiry of the programme the person concerned participated in, shall be the reason for the termination of record keeping in the register of unemployed persons.

In accordance with the Article 63 of the ZUTD the rights to unemployment cash benefit shall not be exercised by an insured person who became unemployed through his/her own fault or volition.

Reasons referred to in previous paragraph include the termination of the employment contract:

- by written consensual agreement;
- due to ordinary termination submitted by the worker save for cases where the law regulating employment relationship specifies that the worker shall have the same rights equivalent to the employer terminating the employment contract for business reasons despite his/her ordinary termination;
- due to the employer's ordinary termination submitted to the worker on fault-based grounds (culpability);
- due to the employer's ordinary termination as a result of the worker not accepting the employer's proposal to conclude a new employment contract for appropriate work and for an indefinite period;
- due to the employer's extraordinary termination save for extraordinary termination for the failed probation period;
- due to the extraordinary termination by the employer-transferor because the worker rejected the transition and actual performance of work at the employer-transferee;
- due to the employer's ordinary termination for reasons which are explicitly determined as unsubstantiated for termination by the law regulating employment relationships with the worker not requesting arbitration or judicial protection to safeguard his/her rights;
- due to the employer's ordinary termination contrary to the provisions of the law regulating employment relationships which determine special protection of workers from termination with the worker not requesting arbitration or judicial protection to safeguard his/her rights;
- if an older worker determined as such by the law regulating employment relationships is not provided the right to unemployed cash benefit until he/she meets the minimum conditions for retirement (old-age) and he/she submitted written consent for termination of the employment contract for business reasons;
- due to the cessation of the position (office) or nomination of the holder of a public or other position in legislative, executive or judicial bodies in the Republic of Slovenia or in self-government bodies with the worker failing to enforce his/her right to return to work pursuant to regulations enabling this.

Amendment with the ZUTD 2013: (2) Among the reasons set out in the preceding paragraph the termination of the employment contract is based on:

- written consensual agreement;- due to ordinary termination submitted by the worker save for cases where the law regulating employment relationship specifies that the worker shall

have the same rights equivalent to the employer terminating the employment contract for business reasons despite his/her ordinary termination;- due to the employer's ordinary termination submitted to the worker on fault-based grounds (culpability);- due to the employer's termination for business reasons or in case of incompetence as a result of the worker not accepting the employer's proposal to conclude a new employment contract for appropriate work and for an indefinite period;- due to the employer's extraordinary termination;- due to the extraordinary termination by the employer-transferor because the worker rejected the transition and actual performance of work at the employer-transferee;- due to the employer's ordinary termination for reasons which are explicitly determined as unsubstantiated for termination by the law regulating employment relationships with the worker not requesting arbitration or judicial protection to safeguard his/her rights;- due to the employer's ordinary termination contrary to the provisions of the law regulating employment relationships which determine special protection of workers from termination with the worker not requesting arbitration or judicial protection to safeguard his/her rights;- if an older worker determined as such by the law regulating employment relationships is not provided the right to unemployment benefit until he/she meets the minimum conditions for retirement (old-age) and he/she submitted written consent for termination of the employment contract for business reasons;- if the worker unreasonably refuses new, appropriate work and for an indefinite period, offered by an employer during the notice period;- due to the cessation of the position (office) or nomination of the holder of a public or other position in legislative, executive or judicial bodies in the Republic of Slovenia or in self-government bodies with the worker failing to enforce his/her right to return to work pursuant to regulations enabling this.

Irrespective of provisions of the first and second indent of the previous paragraph, the following persons may enforce their right to the unemployment cash benefit:

- the insured person who terminates his employment contract through ordinary termination or signs an agreement on terminating the employment contract due to the relocation and employment of his/her spouse or person with which he/she has lived for at least one year unmarried in another area which is more than an hour and a half drive one way with public transport from the residence of the insured person;
- the insured person who terminates his employment contract through ordinary termination due to the fact that his/her rights from the employment contract have deteriorated for objective reasons upon the change in employer pursuant to the law governing employment relationships;
- one of the parents who resigns through ordinary termination or reaches an agreement on employment contract termination due to the childcare of four or more children and who exercised his/her right to payment of contributions for social insurance pursuant to regulations governing parent protection once this right ceases.

Insured persons who were not insured based on the employment relationship cannot exercise their right to the cash benefit if the de-registration from all types of social insurance is not a result of objective reasons. Objective reasons for the de-registration from the social insurance include a long lasting illness of the insured, insolvency, bankruptcy, natural disaster, substantial material damage to the assets of the insured, loss of commercial space or loss of a business partner to which business was mainly linked and other comparable objective reasons.

Irrespective of the previous paragraph, insured persons who voluntarily entered the unemployment compulsory insurance shall not obtain the right to cash benefit if the de-registration from all types of social insurance was not a result of the cessation of the legal relationship providing the basis for the insurance but resulted from voluntary withdrawal.

Article 21

A. Please state to which of the sub-paragraphs of this Article recourse is had.

In the case of Slovenia, the recourse is had to sub-paragraph (a) of this Article.

B. Please indicate the classes of persons protected in accordance with the provisions of this Article

The following persons shall have compulsory unemployment insurance (Art. 54 of ZUTD):

- persons who entered into an employment relationship with the Republic of Slovenia;
- persons who upon termination of their employment relationship receive wage compensation during temporary absence from work from the Health Insurance Institute of the Republic of Slovenia according to regulations governing health insurance;
- elected or nominated holders of a public or other office in the legislative, executive or judicial bodies in the Republic of Slovenia or in local self-government, if such persons receive salaries for their post;
- citizens of the Republic of Slovenia, employed in the Republic of Slovenia by foreign and international organizations and institutes, foreign diplomatic missions and consulates, if not otherwise specified by an international agreement and persons employed by foreign employers for which the laws of the Republic of Slovenia apply in compliance with EU regulations;
- self-employed persons;
- managers in a partnership, single-member private limited liability company and institutes;
- home care assistant, beneficiary of partial payment for lost income in line with the regulations governing social security;
- persons who based on the professional performance of foster placement have compulsory insurance in line with the law governing the pursuit of foster care, if not insured on some other basis;
- beneficiaries of parental compensation whose employment relationship has been terminated during parental leave according to the law governing parental protection and family benefits;
- parents who leave the labour market due to the childcare of four or more children for the period of eligibility for the payment of contributions according to the regulations governing parental protection;
- recipients of the unemployment cash benefit.

The following persons may have compulsory insurance voluntarily (Article 57 of the ZUTD):

- Slovenian citizens employed by an employer in a foreign country who upon returning to their homeland cannot exercise their unemployment rights on other grounds;
- spouses and unmarried partners of Slovenian citizens employed in a foreign country who were employed or self-employed immediately prior to their departure abroad (amendment from the ZUTD-A);
- persons during the employment contract suspension according to the regulations governing employment relationships;
- spouses or unmarried partners of diplomats and other public servants assigned to work abroad if one year before their departure they had registered with the Employment Service as unemployed for at least six months;
- spouses or unmarried partners of diplomats and other public servants assigned to work abroad if one year before departure abroad they had been included in the unemployment insurance for at least six months, if such persons have no compulsory insurance hereunder.

C. Please furnish statistical information under this Article as follows: Title I under Article 74

Please see Part II – Medical Care / Article 9 / question C.

D. *If recourse is had to Article 6 above (voluntary insurance), for all or any of the schemes concerned, please furnish information under this Article in the form set out under Article 6.*

/

Article 22

A. *If recourse is had to sub- paragraphs (a) of Article 21 for defining the scope of protection, please state whether recourse is had to the provisions of Article 65 or those of Article 66 for the calculation of unemployment benefit.*

Please furnish information under this Article as follows:

- i. if recourse is had to Article 65, in the form set out in Titles I, II and V under Article 65 below;*
- ii. if recourse is had to Article 66, in the form set out in Titles I, II and V under Article 66 below.*

Article 65 / paragraph 6 / (c): *a person whose earnings are equal to 125 per cent of the average earnings of all persons protected:*

- average wage (gross) in **2015** = 1555,89 EUR¹⁰
average wage (net) in **2015** = 1013,23 EUR
- ASSESSMENT BASIS FOR THE CALCULATION OF BENEFITS - STANDARD WAGE:
125 per cent of average wage (gross) in 2015 = 1944,87 EUR
125 per cent of average wage (net) in 2015 = 1266,54 EUR

(1) TITLE I

A: Standard beneficiary: a person whose earnings are equal to 125 per cent of the average earnings of all persons protected (Article 65 / paragraph 6 / (c))

B: 125 per cent of average wage (gross)

C: Standard wage (net) in 2015 = 1.266,54 EUR

(2) TITLE II

TIME BASIS: January 2016

D: Amount of benefit granted during the time basis

- man with wife and two children
- time frame: 13 weeks (3 months)
- assessment basis (net) = 1.266,54 EUR ¹¹
80% of the assessment basis = 80% of 1.266,54 EUR = 1.013,23 EUR

¹⁰ Source: Statistical Office of the Republic of Slovenia;

http://pxweb.stat.si/pxweb/Dialog/viewplus.asp?ma=H284S&ti=&path=../Database/Hitre_Repozitorij/&lang=2

¹¹ The cash benefit assessment basis shall be the average monthly salary received by an insured person eight months prior to the month of unemployment (Article 61 of the ZUTD). The lowest cash benefit amount shall not be lower than 350 EUR gross. The highest cash benefit amount shall not exceed 892,50 EUR gross (Article 62 of the ZUTD)

Since this amount exceeds the maximum of unemployment benefit laid down by the ZUTD, the maximum amount in this case equals to 892,50 EUR gross which is 673,95 EUR net (the statutory maximum for the unemployment benefit in 2016).

E: Child benefit:

- family: 1 (man) + 1 (wife) + 2 children
- the income class¹²: 1.266,54 EUR / 4 = 316,63 EUR per family member (which is 31.25% of the average wage net in 2015 (1.013,23 EUR))

1st child = 74,48 EUR; 2nd child = 83,25 EUR; $\Sigma = \underline{157,73 \text{ EUR}}$

F: Child benefit:

In case of receiving (max.) unemployment benefit:

- the income class: 673,95 EUR / 4 = 163,75 EUR per family member (which is 16,63% of the average wage net in 2015 (1.013,23 EUR))
- 1st child = 114,31 EUR; 2nd child = 125,73 EUR; $\Sigma = \underline{240,04 \text{ EUR}}$

G: $(D + F) / (C + E)$

$(673,95 \text{ EUR} + 240,04 \text{ EUR}) / (1.266,54 \text{ EUR} + 157,73 \text{ EUR}) = 0.64 - 64\%$

B. /

C. Please state what measures are taken to guarantee, without means test, a prescribed benefit to the prescribed classes of persons determined in accordance with Article 21 (a).

The cash benefit assessment basis shall be the average monthly salary received by an insured person eight months prior to the month of unemployment (Article 61, par. I of ZUTD – new sentence added: The basis for assessing unemployment benefit for the insured, listed in the seventh paragraph of the preceding Article is the average monthly salary received during the period of five months before the unemployment occurred). If an insured person during the period referred to in the previous paragraph was a recipient of salary compensation pursuant to regulations governing employment relationships, health insurance, pension and disability insurance or parental protection insurance, the cash benefit assessment basis shall include the average salary received in the last eight months. If the insured person received salary for a shorter period, the received cash benefit shall be taken into account for the missing months. The insured person who within the period referred to in the first paragraph of this Article worked for a shorter working time pursuant to regulations governing health insurance, pension and disability insurance or parental protection insurance, the cash benefit assessment basis shall include the received salary converted to full time work. The cash benefit assessment basis for the insured person who did not receive salary or salary compensation in the aforementioned period shall include the received salary for the last eight months or, if the insured person only received salary for a shorter period, his/her basic salary for the missing months increased by the seniority allowance which the person would have received if he/she had worked. The cash benefit assessment basis for the self-employed or persons who voluntarily entered compulsory insurance shall be the average basis from which contributions were paid for in the period referred to in the first paragraph of this Article or with voluntary insured persons for 11 months

¹² According to the PCFBA, the **income class** is determined in percentage from the average monthly wage of all employees in the Republic of Slovenia for the calendar year before the application is filed. Families are classified into individual income classes on the grounds of the average monthly income per family member in the preceding calendar year (Article 65). The average monthly income per family member is calculated by dividing the family's joint income with the number of months to which income relates and the number of family members. **The amount of child benefit** is laid down on the basis of family placement in the income class (Article 71).

prior to the month the unemployment occurred). (ZUTD-A – new paragraph added: The basis for assessing unemployment benefit is determined on the tax deduction calculation basis, that taxpayers forward to the tax authority on prescribed forms (REK forms). In case of the taxpayer not forwarding the prescribed REK forms for the worker, the basis for assessing unemployment benefit is determined based on information provided by the institution at the request of the employer). (Article 61 of the ZUTD)

According to Article 62 of the ZUTD the cash benefit shall be paid in the amount of 80% of the assessment basis for the first three months. In the following months the cash benefit shall be reduced to 60% of the basis (amendment with the ZUJF - its provisions were transferred into the systemic regulation by ZUTD-A: 80 percent of the assessment basis is paid for the first three months and 60 percent for further nine months. 50 percent of the assessment basis is paid after this period.). The lowest cash benefit amount shall not be lower than 350 EUR. The highest cash benefit amount shall not exceed the aforementioned amount by more than threefold (amendment with the ZUJF - its provisions were transferred into the systemic regulation by ZUTD-A: The maximum amount of unemployment benefit cannot be higher than 892.50 EUR).

Article 23

Please indicate, for each scheme concerned, the length of the qualifying period which has been considered necessary to preclude abuse. Please summarise the rules concerning the computation of the qualifying period.

Unemployment insurance rights may be obtained by an unemployed person who was insured for at least nine months in the last 24 months before the unemployment occurred (or for unemployed persons, younger than 30 years of age – 6/24, paragraph 7 of the Article 60 of ZUTD). A person who was insured based on an employment relationship shall also obtain unemployment rights, even though the employer as the person liable for payment of unemployment insurance contributions failed to pay the latter and this irrespective of their recovery possibility. In these cases, the entire duration of the employment relationship shall be included in the insurance period of such insured person. (Article 59 of the ZUTD).

Article 24

1. Please state whether the duration of unemployment benefit is limited and, if so, which are the limit or limits fixed.

An unemployed person may claim the unemployment cash benefit lasting:

- three months for the insurance period ranging from nine months to five years,
- six months for the insurance period ranging from five to fifteen years,
- nine months for the insurance period ranging from 15-25 years,
- twelve months for the insurance period exceeding 25 years,
- nineteen months for insured persons older than 50 years of age and with the insurance period exceeding 25 years,
- twenty-five months for insured persons older than 55 years of age and with the insurance period exceeding 25 years. (Article 60 of the ZUTD)

2. Please state whether recourse is had to paragraph 2 of this Article; if so, please give a summary of the rules concerning the computation of the benefit period, according to the length of the contribution period or according to the benefits previously received. Please also furnish information, in accordance with paragraph 1 (b) Article 74 showing that the average duration of benefit is at least 13 weeks within a period of 12 months.

For the rules concerning the computation of the benefit period, please see the answer to the previous question (Article 24 / question 1).

According to the ZUTD the minimum duration of the unemployment benefit is 3 months (Article 60 of the ZUTD).

Additional statistical information:

Recipients of unemployment benefit (UB), 2011-2015:

Year	No. of UB recipients(Dec)	UB growth index(previous year = 100)	Average duration of receipt of UB(months)	Average monthly no. of UB recipients	Proportion of UB recipients in monthly unemployment
2011	35.463	102,4	7,9	36.344	32,8
2012	35.614	100,4	8,8	33.888	30,8
2013	29.895	83,9	6,9	32.981	27,5
2014	25.452	85,1	7,3	26.643	22,2
2015	25.342	99,6	6,5	23.674	21,0

Source: Employment Service of Slovenia

3. Please state whether a waiting period is provided for and, if so, state the length of such period and the rules concerning its computation. Please also state the maximum period of employment which is deemed temporary in the meaning of paragraph 3 of this Article.

The insured person shall be entitled to unemployment benefit as from the day, following the day of termination of legal relationship which was the basis for compulsory or voluntary unemployment insurance, provided the person concerned registers with the Employment Service and files an application claiming the right to unemployment benefit within 30 days of the termination of insurance. When the person concerned claims unemployment benefit after the expiration of this time limit, the total period of receiving unemployment benefit shall be reduced by the calendar days from the thirty-first day of the termination of compulsory or voluntary insurance to the date of filing the application.

In case employer deregistered a worker from compulsory insurance without informing the latter about the termination of employment, the time period referred to in the preceding paragraph shall commence on the day when the worker is informed about the termination of employment.

The time limit referred to in the preceding paragraph shall be suspended during:

- illness provided that after the termination of employment the insured person is not a recipient of unemployment benefit during temporary absence from work under regulations, governing health insurance;
- entitlement to parental allowance;
- military service and performing and/or training for civil protection and disaster relief on the call of the competent authority;
- detention and/or imprisonment or preventive or precautionary measure of up to six months.

The insured person, who commences employment within 30 days of the termination of insurance, shall acquire the right to unemployment benefit provided he/she registers at the Employment Service and files an application claiming the right prior to the commencement of new employment (Article 119 of the ZUTD).

4. Please state whether any special rules have been adopted as regards benefits for seasonal workers and, if so, what are these rules.

There are no special rules as regards benefits for seasonal workers in the ZUTD.

5. Please indicate, with reference to Article 68 below, more particularly sub-paragraphs (h) and (i), the provisions, if any, for the suspension of unemployment benefit, under the scheme or schemes concerned.

The entitlement to cash benefit shall cease (Article 65 of the ZUTD):

- on the day the insured person concludes a full-time employment contract save for cases listed in Article 66 hereunder;
- on the day the insured person starts work based on some other legal relationship, representing the basis for unemployment compulsory insurance coverage;
- on the day the insured person is entered in the register as a self-employed person;
- on the day the insured person enters a corporate entity or institute in the register and as the sole partner assumes its management, or on the day he/she is employed by the latter;
- on the day the insured person reaches 65 years of age or obtains the status of a pensioner;
- on the day of decision finality with which his/her complete incapacity for work is established pursuant to regulations governing pension and disability insurance;
- as soon as the insured person provides incomplete or false information on facts from which the obtaining, assessing and paying of the cash benefit is derived;
- when six months of detention elapses and such detention continues or on the day the insured person starts serving a prison sentence exceeding six months;
- on the first day of the month in which the insured person failed to regularly inform the Employment Service of the basis for additional income payment, performed work, agreed payment and payment deadline for the performed work;
- on the day the reason from the third, fourth and tenth indent of the first paragraph of Article 129 hereunder occurs or on the day the first-instance body identifies a reason referred to in the fifth, eighth and ninth indent of the first paragraph of Article 129 hereunder;
- on the day the insured person de-registers from the register of unemployed persons.

The Employment Service shall decide ex officio on the early cessation of the cash benefit.

Besides instances determined in the law governing the general administrative procedure, the decision acknowledging the right to cash benefit shall be abrogated also if after the issuance of a decision it is established by a final judgement, judicial settlement or through mediation that the insured person's employment relationship was unlawfully terminated and the employer must reinstate the worker or the employment relationship undergoes restitution by the date determined by the court when the court, pursuant to the law regulating employment relationships, makes a decision itself on the termination of the employment contract.

The provision of the previous paragraph abrogating the decision on acknowledging the cash benefit right shall also apply when the insured person in a labour dispute in which he/she requests the protection of his/her rights in compliance with the seventh and eighth indent of the second paragraph of Article 63 hereunder, withdraws the suit or concludes a judicial settlement or agreement not including the finding on the legality of the employment contract termination.

Irrespective of the third paragraph of this Article, the decision on acknowledging the cash benefit shall not be abrogated if the insured person succeeded in a labour dispute against the employer which is in the procedure of liquidation or bankruptcy pursuant to the law governing insolvency procedures, or if after a year since the start of the procedure imposing compulsory execution of the judgement, the latter has yet to be executed.

The right to cash benefit and the right to pay contributions until the retirement of the insured person shall be suspended if (Article 64 of the ZUTD):

- the insured performs compulsory or voluntary military service, alternative civil service or training to perform tasks in the police reserve, is enlisted as a contracted reserve of the Slovenian Armed Forces to perform military service in peace or is called or assigned to perform protection, rescue and relief operations as a contractor of the Civil Protection Service;
- he/she is detained, serving a prison sentence, preventive or precautionary (safety) measure due to which he/she is unavailable to the Employment Service for up to six months;
- he/she receives parental benefit or parental allowance pursuant to the law governing parental protection and family benefits;
- he/she is incapable of work for health reasons for the period he/she is receiving the benefit chargeable to the compulsory health insurance funds;
- he/she is participating in the public work programme (indent amendment with the ZUTD-B, Official Gazette RS, no. 63/13 from July 26, 2013: - is working in the public works programme and his/her right to the unemployment benefit right is suspended for just a half of the time of the inclusion).
- he/she joins the vocational rehabilitation pursuant to the law governing pension and disability insurance;
- he/she does not live in the Republic of Slovenia unless otherwise determined by an international act;
- he/she performs tasks of a home care assistant for a period shorter than nine months if the cessation in performing these tasks is not a result of reasons which according to the law regulating social protection are equivalent to fault-based reasons for termination of an employment contract.

(2) The suspension period shall not be included in the duration of the right to which the insured person is entitled pursuant to provisions hereunder.

ARTICLE 24(1) IN CONJUNCTION WITH ARTICLE 68

In its Resolution CM/ResCSS(2015)16 **the Committee of Ministers observed that indents 7, 8 and 11 of paragraph 2 of Article 63 of the Labour Market Regulation Act (ZUTD) enable the Employment Service of Slovenia (ESS) to refuse unemployment benefit on grounds of non-exhaustion of legal remedies for safeguarding employment**, while Article 68 of the Code authorises suspension of benefits only if unemployment has been caused by the wilful misconduct of the person concerned or where a person has failed to make use of the employment services placed at his disposal.

The **indent seven of paragraph 2**, of the Article 63 of the Labour Market Regulation Act will be repealed on the occasion of the next amendment to the Act (probably by the end of 2016 if the agreement among social partners will be reached).

The eighth indent of the Article 63(2) of the ZUTD allows the unemployment benefit to be denied when the worker fails to claim an arbitration award or a judicial protection in case his or her dismissal is contrary to the provisions giving special protection against dismissal of certain categories of workers (older workers, workers' representatives, parents, disabled persons and workers on sick leave).

The Government clarifies that the eight indent of the Article 63(2) **does not impose a punitive measure on the older workers, for a wrongdoing of their employer, but prevents the misuse of the rights arising from ordinary termination provisions of the Employment Relations Act.**

In practice to many employers have been reaching informal agreements with their older workers about the **termination of employment relation due to the incompetence** (higher labour costs for older workers) two years before fulfilling retirement conditions. According to the Employment Relations Act this should be the **termination of employment contract by agreement**, in which case the worker is not entitled to unemployment benefit. However, the incompetence reason is a legal basis for claiming unemployment benefit. An older worker would be ordinary fired, he/she would be receiving unemployment benefit (mainly from the state budget) for 25 months and after that he/she would retire.

The Government assume that deletion of the eight indent of the Article 63(2) would encourage significantly older workers to leave the labour market and retire as soon as possible. Taking into account the demographic changes and very low employment rate of older workers in Slovenia the deletion would not be reasonable. In this context it has to be pointed out that the unemployment insurance system in Slovenia does not function according to the common insurance principles and that the unemployment benefit is actually a social transfer; only about 8% of the funds are namely collected through contributions (0,2 % of the calculation base) and the vast majority of the financial resources is provided by the state budget;

- In case of employer's real termination contrary to the provisions of the law regulating employment relationships (**unfounded reasons**) which determine special protection of certain groups, a fired worker would decide to sue the employer and get compensation; in this case the fired worker is required only to submit the lawsuit claim (as an evidence to the ESS) and he/she could **immediately** become eligible for unemployment benefit (not waiting for final decision adopted by the Labour Court).

The Government believe that the eight indent of the Article 63(2) of the ZUTD is not contrary to the Code due to the fact that **Employment Service of Slovenia (ESS) does not refuse unemployment benefit on grounds of non-exhaustion of legal remedies for safeguarding employment**; ESS only requires evidence that lawsuit claim has been submitted to the Court (which means there is no informal agreement between employer and employee about termination of employment relations). Immediately after submitting the evidence a person becomes eligible for unemployment benefit.

PART V OLD-AGE BENEFIT

The Constitution of the Republic of Slovenia defines Slovenia as a law-governed and social state (Article 2 of CRS). The chapter on human rights and fundamental freedoms specifically guarantees *the right to social security* (Article 50 of CRS), which stipulates that, under the conditions laid down by law, citizens of RS have the right to social security. It is the duty of the state to arrange compulsory health, pension, disability and other social insurance, and to ensure the operation thereof.

Primary legislation:

- Pension and Disability Insurance Act (Official Gazette RS, no. 96/12, 39/13, 99/13 – ZSVarPre-C, 101/13 – ZIPRS1415, 44/14 – ORZPIZ206, 85/14 – ZUJF-B, 95/14– ZUJF-C, 90/15 – ZIUPTD, 102/15);
- Official Records of Insured Persons and Beneficiaries of Pensions and Disability Insurance Act (Official Gazette RS, no. 111/13, 97/14);
- Social Security Contributions Act (Official Gazette RS, no. 5/96, 18/96 – ZDavP, 34/96, 87/97 – ZDavP-A, 3/98, 7/98 – odl. US, 106/99 – ZPIZ-1, 81/00 – ZPSV-C, 97/01 – ZSDP, 97/01, 62/10 – odl. US, 40/12 – ZUJF, 96/12 – ZPIZ-2, 91/13 – ZZVZZ-M, 99/13 – ZSVarPre-C in 26/14 – ZSDP-1).

Secondary legislation:

- Statute of the Pension and Disability Insurance Institute of Slovenia (Official Gazette RS, 52/14).

Basic features of legal arrangements

The system of pension and disability insurance is governed by the *Pension and Disability Insurance Act* (PDIA-2).

The system of pension and disability insurance in the Republic of Slovenia comprises (Article 1 of PDIA-2):

- compulsory pension and disability insurance on the basis of inter-generational solidarity (compulsory insurance);
- compulsory and voluntary additional pension and disability insurance;
- pension and disability insurance on the basis of personal savings accounts.

The state ensures the functioning of the compulsory insurance by determining the rate of contributions, imposing the compulsory payment of contributions of Employers and Insured Persons, setting out rules governing the compulsory admission to the insurance, the mode of assessment, payment and recovery of contributions, and the conditions for the recognition, assessment and enjoyment of rights, by arranging the system of personal data records and supervision over securing individual rights (Article 5 of PDIA-2).

Also, in the event that the expenditure of the *Pension and Disability Insurance Institute of Slovenia* exceeds revenues from contributions from compulsory insurance, the state must guarantee the payment of pensions from compulsory insurance to eligible persons. In this case, the deficit is covered from the state budget or from other sources (Article 5 of PDIA-2).

Articles 162 (Co-financing from the state budget) and 163 (Ensuring the liquidity of the Institute) of the act also stipulate that the state must cover the difference between the revenues and expenditure of the Institute from the state budget or from other sources.

Compulsory insurance includes natural persons who meet the conditions laid down by the PDIA or a treaty (first paragraph of Article 6 of the PDIA-2).

Rights arising from the compulsory pension and disability insurance are rights to a pension; rights, arising from disability; the right to a yearly bonus and the right to an assistance and attendance allowance (Article 3 of PDIA-2).

Article 26

Please state, for each scheme concerned the age for title to old-age benefit. If this age is more than 65, please indicate the number of residents having attained that age per cent of total number of residents under that age but over 15 years of age.

In accordance with the Article 27 of the PDIA-2 insured persons acquire the right to an old-age pension:

- (1) at the age of 65 years (men and women), if they have completed an insurance period of at least 15 years (the first paragraph of the Article 27 of the PDIA-2);
- (2) In the period from 1 January 2013 to 31 December 2019 (the third paragraph of the Article 27 of the PDIA-2), an Insured Person (men and women) shall be entitled to an old-age pension upon completing 20 years of pension qualifying period and at the age of:

Year	Age			
	Men		Women	
	Years	Months	Years	Months
2013	63	6	61	6
2014	64	0	62	0
2015	64	6	62	6
2016			63	0
2017			63	6
2018			64	0
2019			64	6

- (3) at the age 60 years , if they have completed 40 years of pension qualifying period without a purchased period ¹³ for men and women (the fourth paragraph of the Article 27 of the PDIA-2).

¹³ A pension qualifying period without a purchased period includes periods of compulsory inclusion in compulsory pension and disability insurance and periods of agricultural activity, but without a purchased pension qualifying period.

To take various pension qualifying periods into consideration, Article 27 of the PDIA-2 also provides for **transitional periods** with regard to old-age retirement, some of which will not expire until 2020.

The second paragraph of Article 27 thus provides for a transitional period from 2013 to 2015 for the increase in the condition of age as per the first paragraph of the said Article, i.e. for women who fulfil 15 years of the insurance contributions:

Year	Year	Months
2013	63	6
2014	64	0
2015	64	6

The third paragraph of Article 27 of the PDIA-2 (see table above, paragraph (2)) provides for a transitional period to raise the retirement age to 65 years for both sexes for those who (in accordance with the previous legislation) were able to retire at 61 years (women) and 63 years (men) under the condition of the **20 years of pension qualifying period**. During the transitional period 2013-2016 for men and 2013-2020 for women, the PDIA-2 will afford these persons the chance to acquire the right to old-age pension with a 20-year pension qualifying period before they reach 65 years of age. The age condition for both sexes will be raised by 6 months each year, i.e. for men from 63 to 65 and for women from 61 to 65.

The fourth paragraph of Article 27 of the PDIA-2 allows men and women to acquire the right to old-age pension at a lower age, counterbalancing it with a longer pension qualifying period. These persons may therefore retire at 60 years if they reach 40 years of pension qualifying period without a purchased period included. The above-mentioned is therefore a very restrictive condition, because the pension qualifying period without purchased period includes only actual employment and the periods for which contributions were paid with regard to maternity and unemployment. Old-age retirement without deductions is therefore available only to those insured persons who reach 40 years of the pension qualifying period without a purchased period, because such persons acquire the right to old-age pension and not early pension. The Act also provides for a transitional period in which the age as determined by the legislation currently in force (58 years) will gradually increase to 60 years for both sexes; the Act also provides for a transitional period for women in which the pension qualifying period without a purchased period as determined by the ZPIZ-1 (38 years) will gradually increase to 40 years.

Year	Age		Years of pensionable service without purchase (women)
	Men	Women	
	Years Months	Years Months	Years Months
2013	58 4	58 0	38 4

2014	58 8	58 4	38 8
2015	59 0	58 8	39 0
2016	59 4	59 0	39 4
2017	59 8	59 4	39 8
2018		59 8	

Due to the transitory provisions of the PDIA-2, when calculating pension rating base, one needs to take into account the transitional period foreseen for this case. The transitional period will end in 2017, after that year the pension rating base will be calculated from the monthly average salary received by the insured person or from the insurance base, on which contributions were calculated, in any **24 successive years** after 1 January 1970 which are the most favourable. In 2013 the accounting period for calculating the Pension Rating Base was determined to 19 years; in the transitional period this period is extended by one year with the start of every following calendar year until it reaches 24 years (22 years in 2016).

It is possible to **lower** the retirement age for the entitlement to an old-age pension **due to caring** for each born or adopted child in the first year of their life, **due to serving the compulsory military service or due to inclusion in the insurance scheme before the age of 18**, but only in exceptional circumstances (Article 28 of the PDIA-2¹⁴).

Please state whether recourse is had to paragraph 3 of this Article and, if so, please summarise the rules concerning the suspension or the reduction of benefit where the beneficiary is engaged in any gainful activity.

Article 116 of the PDIA-2 determines re-entering the insurance. According to this Article a recipient of an old-age pension, an early retirement benefit, a widow/widower's pension and a survivor's pension who resumes work or activity in the territory of the Republic of Slovenia, shall regain the status of an insured person and the payment of their pension or benefit during this period shall be terminated. The payment of the pension or benefit shall cease as of the day of regaining the status of an Insured Person.

The recipients of an old-age pension, an early retirement benefit, a widow/widower's pension and a survivor's pension who resume work or activity in the territory of the Republic of Slovenia in the scope corresponding to a proportionate part of full-time or full-time insurance (however, in case of employees in employment relationships, not less than two hours daily or

¹⁴ a) *Lower age condition due to caring for children in the first year of their lives:* PDIA-2 provides for an insured person who took care of a child in the child's first year to lower the retirement age by 6 months for one child, by 16 months for two children, by 26 months for three children, by 36 months for four children and by 48 months for five or more children. Subject to the hereby mentioned provision are insured persons (men and women) who have fulfilled 40 years of the pension qualifying period without a purchased period: their retirement age will be lowered from the age of 60, but to the age of 56 (for women) or 58 (for men) at the lowest; also subject to the same provision are insured persons (men and women) who have fulfilled 38 years of the pension qualifying period without a purchased period: their retirement age will be lowered from the age of 65, but to the age of 61 at the lowest.

b) *Lower age condition due to compulsory military service:* An insured person (male) may lower his retirement age by 2/3 of the compulsory military service period, from the age of 60 to 58 at the lowest, or by 2/3 of the compulsory military service period, from the age of 65 to 63 at the lowest

c) *Lower age condition due to inclusion in the insurance scheme before the age of 18:* Persons who have the right to this option are insured persons (men and women) who have reached 40 years of the pension qualifying period without a purchased period: they may lower their retirement age from the age of 60 for the duration of employment before the age of 18, but not below the age of 57 (or 56 until 31 December 2018) for women, or below the age of 58 for men.

ten hours weekly and in case of self-employed persons, partners and farmers at least a quarter of the full-time insurance), shall have their pension paid in a proportionate part, as follows:

- 75% if the insured person works 2 hours daily or the insurance time amounts to 10–14 hours weekly;
- 62,5% if the insured person works 4 hours daily or the insurance time amounts to 15–19 hours weekly;
- 50% if the insured person works 4 hours daily or the insurance time amounts to 20–24 hours weekly;
- 37.5% if the insured person works 5 hours daily or the insurance time amounts to 25–29 hours weekly;
- 25% if the insured person works 6 hours daily or the insurance time amounts to 30–34 hours weekly; and
- 12.5% if the insured person works 7 hours daily or the insurance time amounts to 35–39 hours weekly.

If the recipient of a disability pension resumes work or activity in the territory of the Republic of Slovenia in the scope causing the reinstatement of the status of an Insured Person, they shall lose the right to the pension as of the date the insurance obligation has been established.

The payment of the pension to the pension recipients who resume work or activity abroad, based on which they are covered by a foreign compulsory pension insurance, shall cease on the date the work or activity has been initiated.

Article 27

A. Please state to which of the sub-paragraphs of this Article recourse is had.

In the case of Slovenia, the recourse is had to sub-paragraph (a) of this Article.

B. Please indicate the classes of persons protected in accordance with the provisions of this Article

Persons insured under compulsory pension and disability insurance (Articles 14 to 19 of PDIA-2):

1. employees in employment relationships;
2. self-employed persons;
3. partners and share-holders;
4. farmers;
5. persons in other legal relationships;
6. persons, determined by other regulations (regulations governing the labour market - unemployed insured persons; regulations governing parental protection - parents entitled to parental allowance; regulations governing health insurance - persons entitled to a compensation due to their temporary incapacity for work after the termination of their employment relationship; regulations governing social security benefits – family assistants; regulations governing the pursuit of foster care - persons carrying out professional foster care; regulations governing religious freedom - persons engaged in a religious office as religious workers; regulations governing the protection against natural and other disasters - the soldiers engaged in a voluntary military service and citizens during the voluntary training for protection and rescue, who are not covered by the Compulsory Insurance on some other grounds, persons entitled to a compensation during the occupational rehabilitation under PDIA-2 and are not covered by the Compulsory Insurance on some other grounds).

C. Please furnish, under this Article, statistical information as follows: Title I under Article 74

TITLE I:

A. Total number of employees protected

Ai) Total number of **insured persons**¹⁵ for the year 2015 = 713.077

B. Total number of employees

Bi) Total number of **employees** for the year 2015 = 713.077

C: Number of employees protected (A iii.) per cent of total number of employees (B):

$$A / B = 713.077 / 713.077 = 100 \%$$

D. If recourse is had to Article 6 above (voluntary insurance), for all or any of the schemes concerned, please furnish, under this Article, information in the form set out under Article 6.

/

Article 28

A. If recourse is had to sub- paragraphs (a) or (b) of Article 27 for defining the scope of protection, please state whether recourse is had to the provisions of Article 65 or to the provision of Article 66 for calculation of the old-age benefit.

Please furnish under this Article statistical information as follows:

- i. if recourse is had to Article 65, in the form set out in Titles I, II and V under Article 65; or*
- ii. if recourse is had to Article 66, in the form set out in Titles I, II and V under Article 66.*

Article 65 / paragraph 6 / (c): *a person whose earnings are equal to 125 per cent of the average earnings of all persons protected:*

- average wage (gross) in 2015 = 1.555,89 EUR¹⁶
- average wage (net) in 2015 = 1013,19 EUR¹⁷
- **STANDARD WAGE:** 125 per cent of average wage (net) in 2015 = 1266,49 EUR
- **ASSESSMENT BASIS FOR THE CALCULATION OF BENEFITS = 1.266,45 EUR**

(1) TITLE I

A: Standard beneficiary: a person whose earnings are equal to 125 per cent of the average earnings of all persons protected (Article 65 / paragraph 6 / (c))

B: 125 per cent of average wage (net)

¹⁵Source: <http://www.zpiz.si/cms/?id=2&inf=703>

¹⁶ Source: Statistical Office of the Republic of Slovenia;

http://pxweb.stat.si/pxweb/Dialog/viewplus.asp?ma=H284S&ti=&path=../Database/Hitre_Repozitorij/&lang=2

¹⁷ **Average wage (net) in 2015** = average wage (gross) in 2015 per Employee in the Republic of Slovenia (1.555,89 EUR), reduced by the tax and contributions paid from the salary at the average rate in the Republic of Slovenia (34,88%) = **1.013,19 EUR** (Article 35/paragraph 3 of the PDIA-2). Average annual rate of taxes and contributions calculated and paid on wages in the Republic of Slovenia is determined by the Ministry of Finance of the Republic of Slovenia and officially published in the Official Gazette of the Republic of Slovenia (Uradni list Republike Slovenije).

C: Standard wage (net) in 2015 = 1266,49 EUR

(2) TITLE II

TIME BASIS: 1st January 2016

D: Amount of benefit granted during the time basis

- man with wife of pensionable age (65 years)
- assessment period: 30 years of insurance
- assessment basis = **1266,45 EUR** ¹⁸

¹⁸ According to the PDIA-2, pension rating base is calculated from the monthly average salary received by the insured person, or the insurance base on which contributions were calculated, in any 24 successive years after 1 January 1970 which were the most favourable. When calculating pension rating base, one needs to take into account the transitional period foreseen for this case (the seventh paragraph of Article 30 of the PDIA-2: The pension rating base of an insured person retired in the year of the enactment hereof shall be determined on the basis of salaries and insurance bases from the most favourable consecutive 19 years of insurance by the time of enactment hereof. At the beginning of each next calendar year, the calculation period shall be extended by one year until it has reached 24 consecutive years of insurance from the period between 1 January 1970 and the calendar year preceding the year in which the insured person asserts the right to a pension, which are optimal for the insured person). Namely, in year 2013 the pension rating base was calculated from the monthly average salary received by the insured person, or the insurance base on which contributions were calculated, in any **19 successive years** (20 successive years in 2014, 21 successive years in 2015 and 22 successive years in 2016) after 1 January 1970 which were the most favourable.

Revaluation of salaries from the previous years:

- Salaries earned in previous years, which are accounted for in establishment of the pension rating base, are revalued with the revaluation coefficients so as to correspond to movement in average salaries and pensions in the calendar year preceding the year in which the insured person is asserting the right to pension.
- The revaluation coefficients are re-determined annually and calculated in accordance with the following formula to three decimal places:

$$\frac{\text{ASECPR}}{\text{ASECY}}$$

- ASECPR = average salary per Employee paid for the calendar year preceding the year for which the coefficients have been determined;
- ASECY = average salary per Employee paid for an individual calendar year.

The average salary per Employee paid out for an individual calendar year from 1991 onwards is calculated by adjusting the average gross salary per Employee as established according to the data held by the Statistical Office of the Republic of Slovenia using the average rate of taxes and contributions (the third paragraph of Article 35 of the PDIA-2).

CALCULATION:

Basis:

- Taking into account data on 125 % of average gross and net salaries in the Republic of Slovenia from 1990 to 2015 including;
- Valorisation of salaries from previous years to the 2015 level of salaries and old-age benefits;

Year	Salary (net)	Valorisation coefficients	Average valorised monthly salary in SIT (net)	Average valorised salary in EUR
1990	84.855,00	42,921	303.505,12	1.266,50
1991	155.549,52	23,414	303.503,03	1.266,50
1992	462.829,70	7,880	283.495,39	1.183,01
1993	693.032,79	5,256	303.548,36	1.266,68
1994	889.036,71	4,096	303.457,86	1.266,31
1995	1.056.685,66	3,446	303.444,89	1.266,25
1996	1.218.296,41	2,989	303.457,33	1.266,30
1997	1.361.014,45	2,676	303.506,22	1.266,51
1998	1.491.383,93	2,442	303.496,62	1.266,47
1999	1.634.569,95	2,228	303.485,15	1.266,42

44,75 %¹⁹ of the assessment basis = 44,75% of 1266,45 EUR = 566,73 EUR

Old-age benefit, calculated at 44,75 % of the assessment basis 1266,45 EUR would amount to **566,73 EUR**. Taking into account an (extraordinary) adjustment of pension on 1. 1. 2016 by 0,7%, it would amount to **570,70 EUR**.

E: Child benefit: 0 EUR

F: Child benefit: 0 EUR

G: (D + F) / (C + E)

(570,70 EUR + 0 EUR) / (1266,49 EUR + 0 EUR) = 0,45 - **45%**

B. /

C. Whether recourse is had to Article 65, Article 66 or Article 67, please furnish information on the review of the amount of old-age benefit in the form set out in Title VI under Article 65.

Article 65 / TITLE VI

1. Please state the method adopted for giving effect, where necessary, to the provisions of paragraph 10 of Article 65 or of paragraph 8 of Article 66.

2000	1.808.400,95	2,014	303.509,95	1.266,52
2001	2.024.387,66	1,799	303.489,45	1.266,44
2002	2.221.345,81	1,640	303.583,92	1.266,83
2003	2.388.949,69	1,525	303.595,68	1.266,88
2004	2.524.542,40	1,443	303.576,22	1.266,80
2005	2,645.234,77	1,377	303.540,68	1.266,65
2006	2,781.373,61	1,309	303.401,50	1.266,07
2007 (EUR)	12.517,03	1,214		1.266,30
2008	13.494,73	1,126		1.266,25
2009	13.952,88	1,089		1.266,22
2010	14.498,85	1,048		1.266,23
2011	14.810,47	1,026		1.266,29
2012	14.871,02	1,022		1.266,51
2013	14.956,10	1,016		1.266,28
2014	15.082,15	1,008		1.266,90
2015	15.197,89	1,000		1.266,49

FINAL CALCULATION: 27.861,19 EUR / 22 = 1.266,45 EUR

Old-age pension is assessed on the basis of the monthly average of salaries an insured person has received, i.e. the insurance bases according to which his contributions were calculated, in any one of the successive 22 years of insurance following 1 January 1970, whichever is the most favourable for the insured person (**the pension rating base**) (Article 30 of PDIA).

The pension rating base was calculated on the basis of salaries in the period from 1993 to 2014. The sum of valorised monthly salaries from this period **amounts to 27.861,19 EUR**. If divided by 22, this gives the amount **1.266,45 EUR**, which represents the pension rating base.

¹⁹ Old-age pension assessment from the already defined pension rating base in the amount of **1266,45 EUR** was carried out by taking account of the following assumptions:

- The insured person (male) was born on 1 July 1950,
- The insured person reached retirement 1 July 2015,

To the day of retirement he completed 30 years of pensionable service, i.e. **44,75 % of the assessment basis**.

The indexation of pensions is carried out once annually (in February) and is based on the growth in the average gross monthly salary and the average growth in consumer prices in the Republic of Slovenia, as determined and officially published by the Statistical Office of the Republic of Slovenia in the Official Gazette of the Republic of Slovenia (Uradni list Republike Slovenije). The basis for the indexation is the pension to which a beneficiary is entitled for the month preceding the month in which the indexation is performed, or the pension upon the assessment if implemented in the month of the indexation or later in an individual calendar year (Article 105 of PDIA-2).

Pensions are adjusted by 60% of the growth in average gross salary paid for the period from January to December of the previous year compared to the average gross salary paid for the same period in the year before, and by 40% of the average growth in consumer prices for the period from January to December of the previous year compared to the same period in the year before. The pension indexation is expressed as a percentage and shall constitute the sum of both established partial growths. The pension indexation may not be lower than the established half-growth in consumer prices (Article 105 and 106 of PDIA-2).

The PDIA-2 also contains a provision concerning the possibility of an extraordinary pension indexation upon the fulfillment of statutory conditions. At the proposal of the Pension and Disability Institute's Council and with the agreement of the Government of the Republic of Slovenia, the Act provides that extraordinary pension indexation may be carried out in the year following the year when positive GDP growth is recorded, or in the year when for two consecutive years the growth of the minimum pension base is lower than the increase of consumer prices from January to December of the previous year compared to the same previous period.

By 2016, a regular pension indexation has not yet been applied in accordance with the rules laid down in the ZPIZ-2. The transitional provision of paragraph 3 of Article 430 of the ZPIZ-2 determined that in 2013 the regular pension indexation was carried out only in the wage growth amount. Given the established average wage growth in the Republic of Slovenia in 2012, the pension indexation in 2013 was 0.1%. In accordance with Article 56 of the Implementation of the Republic of Slovenia's Budget for 2014 and 2015 Act (Official Gazette of the Republic of Slovenia, Nos 101/13, 9/14 – ZRTVS-1A, 25/14 – ZSDH-1, 38/14, 84/14, 95/14 - ZUJF-C, 95/14, 14/15, 46/15 and 55/15), it was further established that the pension indexation would not be carried out in 2014 and 2015. In 2016, pensions were indexed outside the legal framework of the ZPIZ-2, as the lawmaker established in paragraph 1 of Article 67 of the Implementation of the Republic of Slovenia's Budget for 2016 and 2017 Act (Official Gazette of the Republic of Slovenia No. 96/15) that there would be no pension indexation for 2016 and 2017. Despite the aforementioned, paragraph 3 in Article 67 of the same Act used the possibility of extraordinary pension indexation (paragraph 8 of Article 430 of the ZPIZ-2) and set the extraordinary pension indexation for 2016 at 0.7%, which was realized on 1st January 2016. Furthermore, another extraordinary pension indexation by 0.4% is envisaged for the second half of 2016.

The percentage applicable to the pension indexation also applies to the indexation of all allowances under disability insurance, notwithstanding whether they were granted or assessed according to the ZPIZ-2 or previous regulations.

Pension indexation:

In 2016, an increase of 0.7% on 1st January 2016; another extraordinary pension indexation by 0.4% in the second half of 2016;

In 2015, no indexation;

In 2014, no indexation;

In 2013, an increase of 0.1%;

In 2012, no indexation;
In 2011, an increase of 1%.

2. Please give the following information:

Period under review	Cost-of-living index (2014 = 100)	Index of real gross earnings (Ø 2014 = 100)
A. Beginning of period: 2010	93,74	97,04
B. End of period: 2015	99,5	101,2
C. Percentage A/B	94,21 %	95,89%

Source: <http://pxweb.stat.si>

3. /

Article 29

1. Please indicate, for each scheme concerned, the nature and the length of the minimum qualifying period or the minimum average yearly number of contributions, as the case may be, which entitles the persons protected to a pension.

Please summarise the rules concerning the computation of such qualifying period.

In accordance with the Article 27 of the PDIA-2, the minimum qualifying period for acquiring the right to an old-age pension is **15 years of insurance period**.

Insurance period is a period in which the insured person was covered by compulsory or voluntary pension and disability insurance and periods for which contributions have been paid.

Please state whether recourse is had to paragraphs 1 and 2 or paragraphs 3 or 4 of this Article.

In the case of Slovenia, recourse is had to paragraphs 1 and 2 of the Article 29.

2. If recourse is had to paragraphs 1 and 2 the benefit the amount of which is shown under Article 28 should be the benefit granted during the time basis to a standard beneficiary who had completed 30 years of contribution or employment, or 20 years of residence. Please indicate, under this Article, how the reduced benefit is calculated to which standard beneficiary is entitled who has completed a qualifying period of 15 years of contribution or employment or in respect of whom half the yearly average number of contributions prescribed for title to full benefit has been paid.

Old-age pensions are calculated from the pension rating base at rates depending on the accumulated pension qualifying period as follows: for insured persons with an insurance period of 15 years, at 26 % of the pension rating base (men) or 29% of the pension rating base (women), followed by an additional 1.25% for each additional year of the pension qualifying period. If the years of pensionable service do not amount to one year but to at least six months, the assessment percentage is 0.63% (Article 37 of PDIA-2).

Accumulated pension qualifying period (in years)	Assessment percentage (%)		Years of pensionable service	Assessment percentage (%)		Years of pensionable service	Assessment percentage (%)	
	Men	Women		Men	Women		Men	Women
15	26	29	25	38.5	41.5	35	51	54
16	27.25	30.25	26	39.75	42.75	36	52.25	55.25
17	28.5	31.5	27	41	44	37	53.5	56.5
18	29.75	32.75	28	42.25	45.25	38	54.75	57.75
19	31	34	29	43.5	46.5	39	56	59
20	32.25	35.25	30	44.75	47.75	40	57.25	60.25
21	33.5	36.5	31	46	49			
22	34.75	37.75	32	47.25	50.25			
23	36	39	33	48.5	51.5			
24	37.25	40.25	34	49.75	52.75			

The PDIA-2 provides for a new method of pension assessment, namely with regard to “pure net” assessment percentages. The pension of an insured person with 40 years of pension qualifying period therefore amounts to 57.25% of the pension base (for men) and 60.25% of the pension base (for women).

Due to the gradual increase in the required pension qualifying period for insured women from 38 years (as per previous PDIA-1) to 40 years (as per PDIA-2), and in order to maintain the pension values for insured women comparable to those as per PDIA-1, a **special transitional period is provided with a special pension assessment method for those women who reach the required pension qualifying period between the years 2013 and 2022, as follows:**

- a) from 1 January 2013 to 31 December 2016, 64.25% for 40 years
- b) from 1 January 2017 to 31 December 2019, 63.5 % for 40 years
- c) from 01 January 2020 to 31 December 2022, 61.5 % for 40 years

- Female Insured Persons who claim an old-age pension in the period **from 1 January 2013 to 31 December 2016** shall have their pension assessed from the Pension Rating Base in the percentage corresponding to the completed years of pensionable service. For an insurance period of 15 years, it shall amount to 29%. For each subsequent year, it shall be increased by 1.41% without any ceilings. If the years of pensionable service do not amount to one year but to at least six months, the assessment percentage in this case shall be 0.71% (Article 37 of PDIA-2).

Years of pensionable service	Assessment percentage (%)	Years of pensionable service	Assessment percentage (%)	Years of pensionable service	Assessment percentage (%)
15	29.0	25	43.1	35	57.2
16	30.41	26	44.51	36	58.61
17	31.82	27	45.92	37	60.02

18	33.23	28	47.33	38	61.43
19	34.64	29	48.74	39	62.84
20	36.05	30	50.15	40	64.25
21	37.46	31	51.56		
22	38.87	32	52.97		
23	40.28	33	54.38		
24	41.69	34	55.79		

- Female Insured Persons who claim an old-age pension in the period from 1 January 2017 to 31 December 2019 shall have their pension assessed from the Pension Rating Base in the percentage corresponding to the completed years of pensionable service. For an insurance period of 15 years, it shall amount to 29%. For each subsequent year, it shall be increased by 1.38% without any ceilings. If the years of pensionable service do not amount to one year but to at least six months, the assessment percentage shall be 0.69% (Article 37 of PDIA-2).

Years of pensionable service	Assessment percentage (%)	Years of pensionable service	Assessment percentage (%)	Years of pensionable service	Assessment percentage (%)
15	29.0	25	42.8	35	56.6
16	30.38	26	44.18	36	57.98
17	31.76	27	45.56	37	59.36
18	33.14	28	46.94	38	60.74
19	34.52	29	48.32	39	62.12
20	35.9	30	49.7	40	63.5
21	37.28	31	51.08		
22	38.66	32	52.46		
23	40.04	33	53.84		
24	41.42	34	55.22		

- Female Insured Persons who claim an old-age pension in the period **from 1 January 2020 to 31 December 2022** shall have their pension assessed from the Pension Rating Base in the percentage corresponding to the completed years of pensionable service. For an insurance period of 15 years, it shall amount to 29%. For each subsequent year, it shall be increased by 1.3% without any ceilings. If the years of pensionable service do not amount to one year but to at least six months, the assessment percentage shall be 0.65% (Article 37 of PDIA-2).

Years of pensionable service	Assessment percentage (%)	Years of pensionable service	Assessment percentage (%)	Years of pensionable service	Assessment percentage (%)
15	29	25	42	35	55
16	30.3	26	43.3	36	56.3
17	31.6	27	44.6	37	57.6
18	32.9	28	45.9	38	58.9
19	34.2	29	47.2	39	60.2
20	35.5	30	48.5	40	61.5
21	36.8	31	49.8		

22	38.1	32	51.1		
23	39.4	33	52.4		
24	40.7	34	53.7		

Old-age pension is assessed on the basis of the monthly average of salaries an insured person has received, i.e. the insurance bases according to which his contributions were calculated, in any of the successive 24 years of insurance following 1 January 1970, which were the most favourable for the insured person (**the pension rating base**) (Article 30 of PDIA-2).

However, the Article 30 of the PDIA-2 provides for the transitional period foreseen for this case: The pension rating base of an insured person retired in the year of the enactment of the PDIA-2 (in 2013) was determined on the basis of salaries and insurance bases from the most favourable consecutive 19 years of insurance after 1 January 1970 which were the most favourable. At the beginning of each next calendar year, the calculation period shall be extended by one year until it reaches 24 consecutive years in 2018.

3. /

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5. Please state what measures have been taken to give effect to the transitional provisions provided for in paragraphs 5 of this Article, and indicate the minimum amount of the reduced benefit guaranteed in this case.

The previous PDIA (PDIA-1) laid down that a person with permanent residence in the Republic of Slovenia who was not entitled to pension according to the PDIA, under a foreign public pension insurance scheme or according to other regulations, and whose own income did not exceed the income ceiling specified for entitlement to right to income support to the pension, may be granted **the right to state pension**, provided he/she:

- has completed 65 years of age;
- was residing in the Republic of Slovenia for at least 30 years between the age of 15 and 65 (Article 59 of PDIA).

State pension as per the preceding paragraph amounted to 33.3% of the minimum pension rating base.

State pension according to previous PDIA (PDIA-1) was possible to acquire only until 1. January 2012. After this date **it is possible to acquire similar right as state pension by nature, only for socially deprived people, according to Social Benefits Act.**

Article 30

Please indicate, with reference to Article 68, the provisions, if any, for the suspension of the old-age benefit under the scheme or schemes concerned.

Article 116 of the PDIA-2 determines re-entering the insurance. According to this Article a recipient of an old-age pension, an early retirement benefit, a widow/widower's pension and a survivor's pension who re-enters the employment or activity in the territory of the Republic of Slovenia, shall regain the status of an insured person and the payment of their pension during this period shall be terminated. The payment of the pension shall cease as of the day of regaining the status of an Insured Person.

Notwithstanding the above mentioned provision the recipients of an old-age pension, an early retirement benefit, a widow/widower's pension and a survivor's pension who resume work or activity in the territory of the Republic of Slovenia in the scope corresponding to a proportionate part of full-time or full-time insurance (however, in case of employees in employment relationships, not less than two hours daily or ten hours weekly and in case of self-employed persons, partners and farmers at least a quarter of the full-time insurance), shall have their pension paid in a proportionate part, as follows:

- 75% if the insured person works 2 hours daily or the insurance time amounts to 10–14 hours weekly;
- 62,5% if the insured person works 4 hours daily or the insurance time amounts to 15–19 hours weekly;
- 50% if the insured person works 4 hours daily or the insurance time amounts to 20–24 hours weekly;
- 37.5% if the insured person works 5 hours daily or the insurance time amounts to 25–29 hours weekly;
- 25% if the insured person works 6 hours daily or the insurance time amounts to 30–34 hours weekly; and
- 12.5% if the insured person works 7 hours daily or the insurance time amounts to 35–39 hours weekly.

PART VI
EMPLOYMENT INJURY BENEFIT

The Constitution of the Republic of Slovenia defines Slovenia as a law-governed and social state (Article 2 of CRS). The chapter on human rights and fundamental freedoms specifically guarantees *the right to social security* (Article 50 of CRS), which stipulates that, under the conditions laid down by law, citizens of RS have the right to social security. It is the duty of the state to arrange compulsory health, pension, disability and other social insurance, and to ensure the operation thereof.

Primary legislation:

- Pension and Disability Insurance Act (Official Gazette RS, no. 96/12, 39/13, 99/13 – ZSVarPre-C, 101/13 – ZIPRS1415, 44/14 – ORZPIZ206, 85/14 – ZUJF-B, 95/14– ZUJF-C, 90/15 – ZIUPTD, 102/15);;
- Vocational Rehabilitation and Employment of Disabled Persons Act (Official Gazette RS, no. 16/2007 UPB2, 87/11, 96/12 – ZPIZ-2 in 98/14);
- Official Records of Insured Persons and Beneficiaries of Pensions and Disability Insurance Act (Official Gazette RS, no. 111/13, 97/14);
- Social Security Contributions Act (Official Gazette RS, no. 5/96, 18/96 – ZDavP, 34/96, 87/97 – ZDavP-A, 3/98, 7/98 – odl. US, 106/99 – ZPIZ-1, 81/00 – ZPSV-C, 97/01 – ZSDP, 97/01, 62/10 – odl. US, 40/12 – ZUJF, 96/12 – ZPIZ-2, 91/13 – ZZVZZ-M, 99/13 – ZSVarPre-C in 26/14 – ZSDP-1);
- Health Care and Health Insurance Act (Official Gazette RS, no. 9/92, 13/93, 9/96, 29/98, 77/98 Odl US, 6/99, 56/99-ZVZD, 99/01, 42/02-ZDR, 60/02, 11/03 Skl. US, 126/03, 20/04-UPB1, 62/05 Odl US, 76/05, 100/05-UPB2, 100/05 Odl. US, 21/06 Odl. US, 38/06, 72/06-UPB3, 114/06-ZUTPG, 91/07, 71/08, 76/08, 118/08 Skl. US, 62/10-ZUPJS, 87/11, 40/12-ZUJF, 21/13-ZUTD-A, 91/13, 99/13- ZUPJS-C, 99/13-ZSVarPre-C, 111/13-ZMEPIZ-1, 95/14-ZUJF-C, 47/15-ZZSDT);
- Health Care Activities Act (Official Gazette RS, no. 9/92, 26/92 corr., 37/95, 8/96, 59/99, 90/99, 98/99, 31/00, 36/00, 45/01, 131/03, 135/03, 2/04, 36/04-UPB1, 80/04, 23/05-UPB2, 15/08-ZPacP, 23/08, 58/08-ZZdrS-E, 77/08-ZDZdr , 40/12-ZUJF, 14/13);
- Pharmacies Act (Official Gazette RS, no. 9/92, 38/99, 2/04, 36/04-UPB1).

Secondary legislation:

- Statute of the Pension and Disability Insurance Institute of Slovenia (Official Gazette RS, 52/14);
- Statute of the Health Insurance Institute of Slovenia (Official Gazette RS, no. 87/01, 1/02-corr.);
- Rules on Compulsory Health Insurance (Official Gazette RS, no. 73/95, 39/96, 70/96, 47/97, 3/98, 3/98, 51/98 Odl. US, 90/98, 6/99 corr., 109/99 Odl. US, 61/00, 64/00 corr., 59/02, 11/03 Skl. US, 18/03, 30/03, 35/03 corr., 78/03, 84/04, 44/05, 86/06, 90/06 corr., 64/07, 33/08, 71/08, 118/08 Skl. US, 7/09, 88/09, 30/11, 49/12, 106/12, 99/13-ZSVarPre-C, 25/14 Odl. US, 25/14, 85/14).

Basic features of legal arrangements

The employment injuries and occupational diseases insurance system is incorporated into two other systems of insurance, that is the system of health insurance and the system of pension and disability insurance. In line with that, this contingency is legally regulated as follows:

- (1) temporary incapacity for work: Health Care and Health Insurance Act, from which the right to payment of health services (*benefits in kind*) and the right to sickness cash benefit (*sickness benefit in lieu of pay during temporary absence from work*) are arising²⁰;
- (2) long-term incapacity for work: Pension and Disability Insurance Act, from which the right to disability pension (*cash benefit*), right to reassignment, right to work on a part-time basis for no less than four hours daily or twenty hours weekly, right to disability benefit, right to a partial benefit and the right to occupational rehabilitation are arising²¹.

Article 32

Please state whether national laws or regulations prescribe a minimum degree of loss of earning capacity that gives rise to the benefit stipulated in Article 34 and 36, and if so, indicate the degree.

Disability is recognised under the Pension and Disability Insurance Act (PDIA-2):

- if changes in state of health, which cannot be removed through treatment or measures of medical rehabilitation and
- which are determined in accordance with the PDIA-2, reduce the insured person's ability to secure or retain a work post or professional promotion (Article 60 of PDIA-2).

Disability is classified into the following categories:

- Category I: if the insured person has lost the capacity to engage in an organised gainful employment or is not capable of performing their own occupation and has lost the remaining capacity for work;
- Category II: if the insured person's capacity for work in their own occupation is impaired by 50% or more;
- Category III: if the insured person has lost the capacity to work on a full-time basis, but is capable of working at a certain position on a part-time basis, for no less than four hours daily, or if an insured person's capacity for work in their own occupation is impaired by less than 50%, or if an Insured Person can continue to work in their own occupation on a full-time basis, but they have lost the capacity for work at the position of employment they have been assigned to (Article 63 of PDIA-2).

Causes for the onset of disability are:

- Employment injuries (Article 66 of PDIA-2),
- Occupational diseases (Article 68 of PDIA-2),
- Illness,
- Injury outside work.

Please also state whether recourse is had to the last sentence of sub-paragraph (d) of Article 32, according to which, in the case of the widow, the right to benefit may be conditional on her being presumed to be incapable of self-support; if so specify the rules.

According to Article 53 of PDIA-2, the widow(er)'s pension can be claimed by the widows or widowers of deceased insured persons under the condition of:

- reaching certain age (*if, at the time of death of the insured person from whom the right derives, they had reached 58 years of age*);

²⁰ for more details, see Part II and III

²¹ for more details, see Part V and IX

- incapacity for work regardless of age (if, at the time of death of the insured person, they were completely incapacitated for work, or if they became so within one year of the death of the insured person), or
- having children regardless of age (if, at the time of death of the insured person, they were left with one or more children with the right to family pension from the deceased insured person, whom they have the duty to maintain)

Article 33

A. Please indicate the classes of employees protected, in accordance with the provisions of this Article.

Temporary incapacity for work (health insurance):

According to the Health Care and Health Insurance Act (HCHIA), persons covered by the compulsory health insurance – employment injury and occupational disease are:

- Persons who are employed in the Republic of Slovenia;
- Persons employed by an employer with their principal office in the Republic of Slovenia and sent to work or for professional training abroad, if they are not compulsorily insured in the country to which they have been sent;
- Persons employed by foreign and international organisations and institutions, foreign consular and diplomatic representations based in Slovenia, unless otherwise provided by treaty;
- Persons who independently perform commercial or professional activities in the territory of the Republic of Slovenia as their only or main occupation;
- Persons who are owners of private companies in the Republic of Slovenia if they are not insured elsewhere;
- Top sportsmen and chess players – members of physical training and chess organisations in the Republic of Slovenia who are not insured elsewhere;
- Military personnel with permanent residence in the Republic of Slovenia who are performing civilian service in place of military service;
- Military conscripts with permanent residence in the Republic of Slovenia who are performing military service during their training in the police reserve;
- Detainees who were not otherwise ensured before the detention or whose insurance is suspended during the period of detention, sentenced persons serving the sentence of imprisonment in penal institutions and correction homes, minors undergoing re-education in a juvenile correction facility, persons in protective detention in health institutes in connection with psychiatric disorders and persons sentenced to compulsory psychiatric treatment for alcoholism and drug addiction;
- Home care assistants (Article 15 of HCHIA).

Farmers, members of their establishments and other persons performing farming activities in the Republic of Slovenia as their only or main occupation are insured against employment injury and occupational disease if they pay contributions from the threshold determined for pension and disability insurance. Those persons who do not pay such contributions acquire, in the event of employment injury or occupational disease, rights in the extent determined in case of sickness or injury outside work (Article 16 of the HCHIA).

The following are also insured against employment injury and occupational disease:

- Students taking part in practical studies, performing production work or work experience and on professional field trips;

- Children and young people who are physically and mentally challenged taking part and children and young people with acquired brain injuries in practical studies with training organisations or at compulsory practical work;
- Persons participating in voluntary work experience after completing their formal education, irrespective of whether they receive remuneration for their work;
- Military disabled, civilians disabled in war and other disabled persons in occupational rehabilitation and training during practical work and exercises;
- Persons performing work on the basis of a work contract;
- Secondary school students or students of colleges and universities in performing work via authorised organisations;
- Unemployed persons performing public work organised under the regulations on employment;
- Volunteers;
- Persons doing community service work and other work in compliance with penal regulations;
- Persons performing activities as a secondary occupation
- Persons doing humanitarian and similar work in compliance with regulations on employment;
- Persons doing short-term work in compliance with regulations on the prevention of illegal work and employment (Article 17 of the HCHIA).

The following are also insured against employment injury:

- Persons participating in organised public works of a general nature, in rescue actions or in protection and rescue during natural and other disasters;
- Participants in youth camps in the Republic of Slovenia;
- Persons performing work or tasks of military service or alternative civilian service, national protection, civil protection, surveillance and intelligence services, general rescue services or in communications units and in training for defence and protection;
- Persons assisting interior affairs bodies and the authorised persons of these bodies performing their tasks in compliance with the law;
- Persons performing tasks of interior affairs bodies as reservists in the composition of interior affairs bodies;
- Persons on the request of state and other authorised bodies performing public functions or civic duties;
- Sportsmen, trainers or organisers participating in sports events as part of an organised sporting activity;
- Persons who are members of operational units of volunteer fire fighting organisations performing tasks in the extinguishing of fires, protection and rescue during other disasters, in training, protection at fire-risk locations and at public events, tasks in public appearances and demonstrations with the demonstration of exercises and in teaching people about fire safety;
- Persons who are members of mountain rescue services, underwater or cave rescue services or rescue dog-handler unit performing tasks of saving lives or averting or preventing danger that directly threatens the lives or property of citizens (Article 18 of the HCHIA).

Long-term incapacity for work (*pension and disability insurance*):

In accordance with the PDIA-2 persons insured under compulsory pension and disability insurance are:

1. employees in employment relationships;
2. self-employed persons;
3. partners;
4. farmers;
5. persons who, under some other legal relationship, perform work;

6. unemployed insured persons;
7. parents entitled to parental allowance;
8. persons entitled to a compensation due to their temporary incapacity for work after the termination of their employment relationship pursuant to the regulations governing health insurance, if they are not covered by the Compulsory Insurance on some other grounds;
9. family assistant (according to Social Assistance Act);
10. persons carrying out professional foster care;
11. persons engaged in a religious office as religious workers
12. soldiers engaged in a voluntary military service and citizens during the voluntary training for protection and rescue;
13. persons entitled to a compensation during the occupational rehabilitation hereunder and are not covered by the Compulsory Insurance on some other grounds (Articles 14 to 19 of PDIA-2).

In addition to above-mentioned categories of insured persons the PDIA-2 also foresees special cases of insurance for those compulsory insured for disability or death as a consequence of employment injuries or occupational disease.

1. Persons covered by the Compulsory Insurance in the event of a disability or death caused by an occupational injury or occupational disease are as follows:

- persons who perform a gainful or other lawful activity in the scope of self-employment, but are not covered by the insurance pursuant to Article 15 hereof during the performance thereof;
- persons who, within another legal relationship, perform work for remuneration arising from Article 18 hereof but are not covered by the insurance during this engagement pursuant to Article 16 or 18 hereof.

2. A person engaged in an agricultural or forestry activity and not covered by the insurance according to Article 17 hereof may take up the insurance for the event of a disability and death caused by an occupational injury or occupational disease incurred during the engagement in the said activity.

3. The following persons shall be covered by the Compulsory Insurance in the event of a disability or death caused by an occupational injury:

- pupils and students during practical lessons, production work or industrial work placement, and expert excursions;
- children and adolescents with physical and mental developmental disorders engaged in practical lessons at training organisations or in obligatory practical work;
- persons engaged in voluntary practical work after the completed schooling, whether or not they receive remuneration for such practical work;
- war-disabled servicemen, civilian war-disabled persons and other disabled persons engaged in occupational rehabilitation and/or training during practical work and exercises;
- persons who, pursuant to the regulations governing the labour market or the regulations governing employment of Disabled Persons, undergo training by working for the provider of active employment policies, save for persons performing public works;
- persons who, pursuant to the regulations governing minor offences and the enforcement of criminal sanctions, perform certain tasks in the general interest or in the interest of local communities;
- persons serving a prison sentence which are not covered by the Compulsory Insurance hereunder, and minors against which the correctional measure of admittance into a

correctional facility has been imposed, during work, vocational training and engagement in activities permitted by law;

- persons who, notwithstanding the provision of paragraph 1 of Article 15 hereof, are not covered pursuant to Article 15 hereof, and according to the regulations on the catering industry, perform the activity of natural persons providing accommodation only occasionally up to five months in a calendar year, or through personal work without any employees perform handicraft and art craft according to the regulations governing this type of activity.

4. During their work, vocational training and engagement in lawful activities, persons serving a prison sentence and minors against which the correctional measure of admittance into a correctional facility has been imposed shall also be covered by the Compulsory Insurance hereunder in the event of a disability caused by an off-the-job injury incurred due to *force majeure*.

5. The following persons shall be covered by the Compulsory Insurance in the event of a disability or death caused by an occupational injury in cases of organised activities:

- participants in organized work operations, rescue operations, or in protection and rescue operations in case of natural and other disasters;
- participants of youth camps in the Republic of Slovenia who take part in the performance of tasks and assignments at such youth camps;
- persons performing military service in the army reserve or permanent forces, alternative civil service or services for the Civil Protection Service, or undergoing training for the performance of these tasks based on civic duties, or undergoing training under contracts on service in the Slovenian Army Reserve, contracts on service in the Civil Protection Service or training for the completion of defence assignments and assignments associated with protection, rescue and relief;
- persons who, as members of operational units of voluntary fire brigades or fire-fighting organisations, carry out assignments such as fire-fighting, protection, rescue and relief in the event of natural or other disasters, during the implementation of the fire watch or introduction of fire prevention measures in hot works, locations posing fire-hazard and at public events, at fire brigade exercises and other forms of training, or at public appearances and manifestations of the fire-fighting activity for the purposes of general public education and training;
- persons who, as members of the mountain rescue service, cave rescue service, rescue dog-handler units or divers and other rescue units and operational force structures involved in protection, rescue and relief, pursuant to the regulations governing the protection against natural and other disasters, perform assignments associated with providing protection, rescue and relief to people at risk, or assignments associated with the protection and rescue of property, environment and cultural heritage, or undergo organised training for the said tasks;
- persons who assist the police and the authorised officials of government authorities in the implementation of assignments in the field of protection of the constitutional system, personal security of citizens and protection of property, sustaining public order and peace, prevention and detection of criminal offences as well as in the detection and apprehension of offenders and protection against breaches of inviolability of the state borders;
- persons who perform police tasks as members of the auxiliary police units;
- persons who, when summoned by national and other competent bodies, perform public and other social tasks or a civic duty;
- persons who participate in sports or chess events as sportsmen or chess players, trainers or organisers within the framework of organised sports or chess activities (Article 20 of PDIA-2).

B. Please furnish statistical information under this Article in the form set out in Title I under Article 74 below.

Temporary incapacity for work (*health insurance*):

Please see Part II – Medical Care / Article 9 / question C.

Long-term incapacity for work (*pension and disability insurance*):

Please see Part V – Old-age / Article 27 / question C.

Article 34

A. Please indicate in detail for each scheme concerned, the nature of the medical benefits provided referred to in paragraph 2.

Article 22 of the Rules on Compulsory Health Insurance (Rules) lays down the rights arising from the compulsory health insurance:

- health services:
 - on a primary care level,
 - dental care,
 - pharmaceutical services,
 - on a specialist care level,
 - hospital care,
 - spa treatments and medical treatments on a tertiary level,
 - medical care,
 - health services of preventive nature,
 - services with regard to diagnostics, health care and medical rehabilitation of ill and injured;
- health services in connection with childbirth, termination of pregnancy, artificial insemination and sterilisation;
- rehabilitation, organised training for a life with specific disease under the particular programmes,
- urgent and other transportation with medical and other vehicles;
- prescribed medications in accordance with categorisation of medicines;
- foodstuffs for particular nutritional use, prescribed according to classification in the lists determined by the institution;
- technical instruments (e.g. prosthetic appliances, eyeglasses).

B. Please confirm that, in accordance with the provisions of this Article, the beneficiary is not required to share in the cost of the medical care received. If the scheme provides for reimbursement of the expenses which the beneficiary was obliged to incur in order to obtain the benefits stipulated in paragraph 2 of this Article, please furnish all available information to show that the beneficiary does not share in the cost of such benefits.

Article 23 of the HCHIA defines the rights to health services deriving from compulsory health insurance. Through compulsory insurance, insured persons are provided payment in their entirety (100%) for:

- treatment and rehabilitation as a result of occupational disease and employment injuries;
- help-in-the-home visits, treatment and care in the home and in social security institutes;
- prescription medication in accordance with the categorisation of medicines, orthopedic and other aids in connection with treatment and rehabilitation as a result of occupational disease and employment injuries.

C. Please state what measures are taken to give effect to paragraph 3 of this Article.

/

Article 35

Please state briefly what measures are taken to give effect to the provisions of this Article.

Occupational rehabilitation

Vocational Rehabilitation and Employment of Disabled Persons Act (hereinafter referred to as the ZZRZI) regulates the right to employment rehabilitation and some issues of employing persons with disabilities, and determines other forms, measures and incentives for employing persons with disabilities and the manner of financing these incentives. The purpose of the act is to increase employability of persons with disabilities and establish the conditions for their equal participation on the labour market by eliminating obstacles and creating equal possibilities.

The question of vocational rehabilitation is governed by the *Pension and Disability Insurance Act* (PDIA-2), which with regards to the actual purpose of occupational rehabilitation stipulates that occupational rehabilitation is a comprehensive process in which Insured persons are provided with a technical, physical and psycho-social training for another occupation or another job, so that they can be appropriately employed and reintegrated in the work environment, or trained for the same occupation or job through the adequate adaptation of their position of employment with appropriate technical aids (Article 70 of PDIA-2).

The right to an occupational rehabilitation shall be granted to an insured person:

- who has been afflicted with a disability of category II;
 - who, as of the date of the occurrence of the disability, has yet to complete 55 years of age;
- and
- who, considering their remaining capacity for work, may be trained for another work performed on a full-time basis (Article 72 of PDIA-2).

The right to an occupational rehabilitation shall also be granted to an insured person:

- who has been afflicted with a disability of category II;
 - who, as of the date of the occurrence of the disability, has yet to complete 50 years of age;
- and
- who, considering their remaining capacity for work, may be trained for another work performed on a part-time basis for no less than four hours daily (Article 72 of PDIA-2).

If the occupational rehabilitation of an insured person afflicted with a disability requires an adaptation of premises and working facilities, the Pension and Disability Insurance Institute (Institute) shall bear the costs of such adaptation. If the maintenance of the employment of an insured person afflicted with a disability requires an adaptation of premises and working facilities, the Institute shall partially or fully bear the costs of such adaptation. The Institute may earmark part of the Disability Insurance funds for the maintenance and promotion of the employment of Disabled Workers. The criteria and procedure for the assessment of the amount of the funds referred to in this Article shall be determined by the Institute (Article 73 of PDIA-2).

In line with the remaining work capacity of the insured person, occupational rehabilitation is conducted:

- through participation in a short-term training and education;

- through practical work at an appropriate position of employment provided by an Employer or in other forms of training for work;
- through an off-the-job training, with the consent of the Insured Person who will undergo the training for another work to be performed on a full-time basis;
- through education at appropriate schools and through other forms of education (Article 75 of PDIA-2).

Period of the insured person's adaptation to the work for which they underwent the occupational rehabilitation is also considered as occupational rehabilitation if it is necessary, to enable them to perform another suitable work with a standard efficiency. (Article 76 of PDIA-2).

The form and mode of the occupational rehabilitation, periods associated with its commencement and duration, detailed conditions for an Insured Person's training for work, terms and periods for the conclusion of an employment contract upon completing the occupational rehabilitation shall be determined in a contract concluded between the Institute, the Employer or the Employment Service and the Insured Person (Article 77 of PDIA-2).

Organisations involved in the training and employment of Disabled Persons, and the Employment Service shall participate in the occupational rehabilitation, training and employment of Insured Persons. (Article 77 of PDIA-2).

The Insured Person and the occupational rehabilitation provider shall be obliged to report to the Institute on the implementation and progress of the occupational rehabilitation no less than every six months. (Article 77 of PDIA-2).

If, due to the distance between the Insured Person's residence and the school, sheltered organisation involved in the training and employment of Disabled Persons or the Employer where the occupational rehabilitation takes place, the use of transport means is absolutely vital, while the Insured Person, due to their state of disability, is unable to use public transport and no special transportation is made available to him, the Insured Person shall be entitled to accommodation at the expense of the Institute determined by the Institute (Article 78 of PDIA-2).

An insured person employed in the Republic of Slovenia shall be entitled to be provided with an occupational rehabilitation by the Employer where the Insured Person was employed upon the occurrence of the disability, while the Institute shall provide the occupational rehabilitation to other Insured Persons. The Employment Service may also cooperate with the Institute and the Employers in the provision of the occupational rehabilitation (Article 79 of PDIA-2).

In the period between the entitlement to an occupational rehabilitation and the completion thereof, the Insured Person referred to in paragraph 1 of Article 72 hereof who is not undergoing an off-the-job training shall be entitled to a cash benefit assessed in the amount of 130% of the disability pension they would be entitled to on the date of the occurrence of the disability. In the period between the commencement and the completion of the occupational rehabilitation, the Insured Person undergoing an off-the-job training for another work to be performed on a full-time basis shall be entitled to a cash benefit assessed in the amount of 40% of the disability pension they would be entitled to on the date of the occurrence of the disability. (Article 80 of PDIA-2).

An insured person who, after the completion of the occupational rehabilitation, is entitled to a reassignment or to work on a part-time basis for no less than four hours daily or twenty hours weekly, shall be entitled to a temporary benefit until they start working at another position on a full-time basis or a part-time basis for no less than four hours daily or twenty hours weekly. Employees are entitled to a temporary benefit in the amount of the disability pension to which

they would be entitled on the date of the occurrence of the disability until they start working at another position. All the other insured persons are entitled to a temporary benefit in the amount of 50% of the disability pension to which they would be entitled on the date of the occurrence of the disability until the date of reemployment, but only up to two years (Article 84 of PDIA-2).

The right to a reassignment is acquired by insured person:

- after the completion of the occupational rehabilitation;
- with the remaining capacity for work who has been afflicted with a disability of category II after completing 55 years of age;
- afflicted with a disability of category III, if their capacity for work in their own occupation has been reduced by less than 50%, or if they can continue to work in their own occupation on a full-time basis, but are not capable of working at the position of employment they have been assigned to.

An Insured Person employed in the Republic of Slovenia shall be guaranteed the right to the reassignment by the Employer (Article 81 of PDIA-2).

According to Vocational Rehabilitation and Employment of Disabled Persons Act services of occupational rehabilitation are as follows (Article 15):

- Counselling, encouraging and motivating the disabled persons for more active role;
- Preparation of opinion regarding the working ability, knowledge, working habits and occupational interest;
- Assistance with accepting person's own disability and learning about training and work possibilities;
- Assistance with choosing appropriate occupational goals;
- Developing social skills and expertise;
- Assistance with searching for suitable employment;
- Analysis of a concrete working place and environment of the person with disabilities;
- Elaboration of working place and environment adjustment plan for the person with disabilities;
- Elaboration of necessary equipment and facilities for work plan;
- Training on the concrete working place or occupation;
- Monitoring and providing expert assistance with training and education;
- Monitoring the person with disabilities on the working place after his/her employment;
- On-going evaluation of effectiveness of the rehabilitation process;
- Evaluation of the achieved working results of the employed persons with disabilities; and
- Performance of other services of vocational rehabilitation

Employment rehabilitation

ZZRZI has introduced the right of persons with disabilities to employment rehabilitation. The persons with disabilities have the right to employment rehabilitation in accordance with this Act if other regulations (e. g. Pension and Disability Insurance Act) do not enable those persons the rights to equal services. The main objective of employment rehabilitation is to offer persons with disabilities appropriate assistance so that they can identify their abilities, actively cooperate in planning the ways of solving their problems with the aim to retain employment or acquire a new employment. Employers consider guaranteeing employment rehabilitation services as the way for resolving social and work problems, and also investments in human resources and the satisfaction of employees.

The providers of employment rehabilitation, which is implemented as a public service, can be public institutions or concessioners within the network of employment rehabilitation services providers, adopted by the minister of labour, family and social affairs. Especially the following

principles are considered in the process of forming the network of employment rehabilitation providers: rationality, economy equal accessibility for all persons with disabilities regardless of place of residence and type of disability, the network of service providers' bases on connecting – integration – among the providers themselves as well as with the ordinary work environment. Service providers also have to connect with employers due to the possibilities of training and employing persons with disabilities and financial sustainability of the system.

Other incentives for the employment of persons with disabilities

Form of the support for sheltered workshops and employment centres, is in addition to technical adjustments to the workplace and the environment, professional support also wage subsidies of 10 to 70% of the minimum monthly wage – It depends on the level of disability (Article 70 ZZRZI). ZZRZI also provides other incentives for the employment of people with disabilities such as supported employment (Article 37), payment of the costs for the accommodation and resources at work (Article 72).

Article 36

A. Please state whether recourse is had, under paragraph 1 of this Article, to the provisions of Article 65 or to Article 66, for the calculation of the benefit.

In the case of Slovenia, the recourse is had to the provisions of Article 65.

B. Please furnish under this Article, the following information, with separate reference to the different contingencies covered:

a) Incapacity for work (sickness cash benefit)

Article 65 / paragraph 6 / (c) - a person whose earnings are equal to 125 per cent of the average earnings of all persons protected:

- average wage (gross) in 2015 = 1.555,89 EUR²²
- average wage (net) in 2015 = 1013,23 EUR
- ASSESSMENT BASIS FOR THE CALCULATION OF BENEFITS: 125 per cent of average wage (net) in 2015 = 1.266,54 EUR

(1) TITLE I

A: Standard beneficiary: a person whose earnings are equal to 125 per cent of the average earnings of all persons protected (Article 65 / paragraph 6 / (c))

B: 125 per cent of average wage (net) = 1.266,54 EUR

C: Standard wage (net) in 2015 = 1.266,54 EUR

(2) TITLE II

TIME BASIS: January 2016

²² Source: Statistical Office of the Republic of Slovenia;
http://pxweb.stat.si/pxweb/Dialog/viewplus.asp?ma=H284S&ti=&path=../Database/Hitre_Repozitorij/&lang=2

D: Amount of benefit granted during the time basis

- man with wife and two children
- assessment basis = 1.266,54 EUR ²³

100%²⁴ of the assessment basis = 100% of 1.266,54 EUR = 1.266,54 EUR

E: Child benefit:

- family: 1 (man) + 1 (wife) + 2 children
- the income class²⁵: 1.266,54 EUR / 4 = 316,63 EUR per family member (which is 31.25% of the average wage (net) in 2015 (1013,23 EUR))

1st child = 74,48 EUR; 2nd child = 83,25 EUR; Σ = 157,73 EUR

F: Child benefit:

- family: 1 (man) + 1 (wife) + 2 children
- the income class: 1.266,54 EUR / 4 = 316,63 EUR per family member (which is 31.25% of the average wage (net) in 2015 (1013,23 EUR))

1st child = 74,48 EUR; 2nd child = 83,25 EUR; Σ = 157,73 EUR

G: (D + F) / (C + E)

(1.266,54 EUR + 157,73 EUR) / (1.266,54 EUR + 157,73 EUR) = 1 = 100 %

b) Total loss of earning capacity or corresponding loss of faculty likely to be permanent (Disability pension)

Article 65 / paragraph 6 / (c) - a person whose earnings are equal to 125 per cent of the average earnings of all persons protected:

- average wage in 2015 = 1013,19 EUR²⁶ (net) = 1.555,89 EUR (gross)²⁷

²³ According to the HCHIA, the basis for this remuneration is the average monthly salary and allowances or the average base for the payment of contributions in the **calendar year preceding the year in which the temporary absence from work began**. The allowance amounts to 90% of the basis during absence from work due to illness and 80% of the basis during absence from work due to injury outside work, care for a family member and accompaniment ordered by a physician. Notwithstanding the preceding paragraph for the first 90 days the compensation shall be 80% of the base in the cases of the absence from work due to illness and 70% of the base during absence from work due to injury outside work (Article 31).

²⁴ According to the HCHIA the sickness cash benefit amounts to **100% of the basis in absence from work as a result of occupational disease, employment injury**, transplant of living tissue and organs to benefit another person, as a result of giving blood and quarantine ordered by a physician.

²⁵ According to the Article 21 of the Exercise of rights to public funds act (ERPFA) the limits of income for establishing the eligibility to the rights to public funds are determined regarding the average monthly salary after the payment of taxes and compulsory contributions for social security per employee in the Republic of Slovenia according to the data of the Statistical Office of the Republic of Slovenia in the calendar year prior to the year when the application is submitted (net average salary), except if the Act stipulates otherwise. If the net average salary for the previous calendar year is still not available, then the net average salary for the year before the previous year is considered. The amount of child benefit is laid down on the basis of family placement in the income class.

²⁶ **Average wage (net) in 2015** = average wage (gross) in 2015 per Employee in the Republic of Slovenia (1.555,89 EUR), reduced by the tax and contributions paid from the salary at the average rate in the Republic of Slovenia (34,88%) = **1.013,19 EUR** (Article 35/paragraph 3 of the PDIA-2). Average annual rate of taxes and contributions calculated and paid on wages in the Republic of Slovenia is determined by the Ministry of Finance of the Republic of Slovenia and officially published in the Official Gazette of the Republic of Slovenia (Uradni list Republike Slovenije).

²⁷ Source: Statistical Office of the Republic of Slovenia;

http://pxweb.stat.si/pxweb/Dialog/viewplus.asp?ma=H284S&ti=&path=.../Database/Hitre_Repozitorij/&lang=2

- STANDARD WAGE (2015): 125 PER CENT OF AVERAGE WAGE IN 2015 = 1266,49 EUR (NET) = 1.944,87 EUR (gross)
- ASSESSMENT BASIS FOR THE CALCULATION OF BENEFITS (net) = **1266,45 EUR**²⁸

(1) TITLE I

A: Standard beneficiary: a person whose earnings are equal to 125 per cent of the average earnings of all persons protected (Article 65 / paragraph 6 / (c))

B: 125 per cent of average wage (net)

C: Standard wage in 2015 = 1266,49 EUR (net) = 1.944,87 EUR (gross)

(2) TITLE II

TIME BASIS: January 2016

D: Amount of benefit granted during the time basis

- man with wife and two children
- minimum period taken into account: 40 years of insurance
- assessment basis = **1266,45 EUR**

57,25 %²⁹ of the assessment basis = 57,25 % of 1266,45 EUR = **725,04 EUR (net)**

Taking into account an (extraordinary) adjustment of pension on 1. 1. 2016 by 0,7%, the disability pension would amount to **730,12 EUR**.

E: Child benefit:

- family: 1 (man) + 1 (wife) + 2 children
- the income class³⁰: 1.266,49 EUR / 4 = 316,62 EUR per family member (which is 31,25 % of the average wage (net) in 2015)

1st child = 74,48 EUR; 2nd child = 83,25 EUR; Σ = 157,73 EUR

F: Child benefit:

- family: 1 (man) + 1 (wife) + 2 children
- income class: 730,12 EUR / 4 = 182,53 EUR per family member (which is 18,01 % of the average wage (net) in 2015)

²⁸ For a detailed explanation on assessment basis, please see the part on Old-age benefit.

²⁹ According to the PDIA, disability pension in the event of a disability caused by an occupational injury or an occupational disease is assessed in the amount of 57.25% of the pension rating base.

³⁰ According to the Article 21 of the Exercise of rights to public funds act (ERPFA) the limits of income for establishing the eligibility to the rights to public funds are determined regarding the average monthly salary after the payment of taxes and compulsory contributions for social security per employee in the Republic of Slovenia according to the data of the Statistical Office of the Republic of Slovenia in the calendar year prior to the year when the application is submitted (net average salary), except if the Act stipulates otherwise. If the net average salary for the previous calendar year is still not available, then the net average salary for the year before the previous year is considered. The amount of child benefit is laid down on the basis of family placement in the income class.

1st child = 97,73 EUR; 2nd child = 108,04 EUR; $\Sigma = \underline{205,77 \text{ EUR}}$

G: $(D + F) / (C + E)$

$(730,12 \text{ EUR} + 205,77 \text{ EUR}) / (1.266,49 \text{ EUR} + 157,73 \text{ EUR}) = 935,89 \text{ EUR} / 1424,22 \text{ EUR} = 0,6571 = \underline{65,71 \%}$

c) Death of the breadwinner (Family pension)

Article 65 / paragraph 6 / (c) - a person whose earnings are equal to 125 per cent of the average earnings of all persons protected:

- average wage in 2015 = 1013,19 EUR (net) = 1.555,89 EUR (gross)
- standard wage (2015): 125 per cent of average wage in 2009 = 1.266,49 EUR (net) = 1.944,87 EUR (gross)
- ASSESSMENT BASIS FOR THE CALCULATION OF BENEFITS (net) = **1266,45 EUR**³¹

(1) TITLE I

A: Standard beneficiary: a person whose earnings are equal to 125 per cent of the average earnings of all persons protected (Article 65 / paragraph 6 / (c))

B: 125 per cent of average wage (gross)

(2) TITLE II

TIME BASIS: January 2016

C: Standard wage (gross) in 2015 = 1.266,49 EUR (net)

D: Amount of benefit granted during the time basis

- widow and two children
- assessment basis = **1266,45 EUR**

57,25%³² of the assessment basis = 57,25 % of 1266,45 EUR = **725,04 EUR** (net)

Taking into account an (extraordinary) adjustment of pension on 1. 1. 2016 by 0,7%, the disability pension would amount to **730,12 EUR** (basis 1).

90% of the basis 1 = 90% of 730,12 EUR = **657,11 EUR** (net)

³¹ For a detailed explanation on assessment basis, please see the part on Old-age benefit.

³² Widow/widower's pension or a survivor's pension is assessed on the basis of the pension to which the recipient had been entitled at the time of their death or on the basis of the pension or its proportionate part assessed according to treaties to which the recipient had been entitled at the time of their death or the basis of the disability pension to which the Insured Person, the recipient of a partial pension and the beneficiary of the rights arising from the Compulsory Insurance based on the disability would have been entitled with regard to the cause of the death. A survivor's pension is assessed from the base in a percentage which depends on the type and the number of family members. It is assessed at 70% for a single family member, at 80% for two family members, at 90% for three family members, and at 100% for four family members or more. Furthermore, according to the PDIA-2, disability pension in the case of a disability caused by an occupational injury or an occupational disease is assessed in the amount of 57.25% of the pension rating base (Article 47 of the PDIA-2). See also calculation of the benefit under Article 36/B/b.

E: Child benefit:

- family: 1 (man) + 1 (wife) + 2 children
 - the income class³³: 1.266,49 EUR / 4 = 316,62 EUR per family member (which is 31,25 % of the average wage (net) in 2015)
- 1st child = 74,48 EUR; 2nd child = 83,25 EUR; Σ = 157,73 EUR

F: Child benefit:

- family: widow + 2 children
- the income class³⁴: 730,12 EUR / 3 = 243,37 EUR per family member (which is 24,02 % of the average wage (net) in 2015)
- 1st child = 97,73 EUR; 2nd child = 108,04 EUR; Σ = 205,77 EUR

G: (D + F) / (C + E)

(730,12 EUR + 205,77 EUR) / (1.266,49 EUR + 157,73 EUR) = 935,89 EUR / 1424,22 EUR = 0,6571 - 65,71 %

C. Please indicate what proportion of the benefit in respect of total loss of earning capacity is granted in case of partial loss of earning capacity likely to be permanent, or corresponding loss of faculty.

The PDIA-2 in its Article 82 sets forth the provisions concerning **the right to part-time work and in Article 86 the right to partial benefit.**

An Insured Person afflicted with a disability of category III who is no longer capable of working on a full-time basis and an Insured Person afflicted with a disability of category II after completing 55 years of age who remains capable of working at the position they have been assigned to or at another position at least on a part-time basis shall be entitled to work on a part-time basis for no less than four hours daily or twenty hours weekly (Article 82 of the PDIA-2).

An Insured Person who was recognized the right to work on a part-time basis for no less than four hours daily or twenty hours weekly pursuant to paragraphs 1 and 2 of Article 82 hereof shall be entitled to a partial benefit (Article 86 of PDIA-2).

³³ According to the Article 21 of the Exercise of rights to public funds act (ERPFA) the limits of income for establishing the eligibility to the rights to public funds are determined regarding the average monthly salary after the payment of taxes and compulsory contributions for social security per employee in the Republic of Slovenia according to the data of the Statistical Office of the Republic of Slovenia in the calendar year prior to the year when the application is submitted (net average salary), except if the Act stipulates otherwise. If the net average salary for the previous calendar year is still not available, then the net average salary for the year before the previous year is considered. The **amount of child benefit** is laid down on the basis of family placement in the income class.

³⁴ In this case, the annual income received in the previous year is generally taken into account when calculating child benefits, except when the annual income is considered as current income (for example, if a person started receiving widow's pension in the current year). In the case of current income, the monthly income is multiplied by 12 in order to obtain the annual income (which is deflated for the past year). The income obtained is then derived by 12 and the number of persons taken into account. The intermediate result is then divided by the average wage in the Republic of Slovenia for the previous year and multiplied by 100. The end result is the percentage of income per family member, which is classified in the income bracket in accordance with Article 22 of the Exercise of Rights from Public Funds Act (ZUPJS).

The partial benefit shall be assessed in the percentage corresponding to the reduction in full-time work from the disability pension the Insured Person would have been entitled to upon the occurrence of the disability, in the following amounts:

- 50% if the Insured Person works on a part-time basis for 4 hours daily or 20 hours weekly;
- 37.5% if the Insured Person works on a part-time basis for 5 hours daily or 25 hours weekly;
- 25% if the Insured Person works on a part-time basis for 6 hours daily or 30 hours weekly;
- 12.5% if the Insured Person works on a part-time basis for 7 hours daily or 35 hours weekly (Article 86 of PDIA-2).

The partial benefit assessed pursuant to the preceding paragraph shall be increased:

- by 30% if the Insured Person is no longer capable of working at the position of employment they have been assigned to and has started working at another position;
- by 30% if, after completing the occupational rehabilitation, the Insured Person has started working at another position;
- by 40% if the Insured Person's employment is terminated based on a positive opinion of the committee responsible for establishing the grounds for employment contract termination, or independent of their own will or fault (Article 86 of PDIA-2).

The increased partial benefit may not exceed 80% of the disability pension the Insured Person would have been entitled to upon the occurrence of the disability (Article 86 of PDIA-2).

The partial benefit assessed in accordance with paragraph 2 of this Article shall be reduced by 30% if the Insured Person's employment has been terminated through their own will or fault (Article 86 of PDIA-2).

In case of an employment injury a person with remaining (not residual) working capacity is not entitled to partial disability pension and is not registered as a pensioner but has a status of active person having or seeking a job (taking into account his/her working capacity and limitations). The Government formulates activation policies with the aim to maintain people with reduced working capacity on the labor market (open labor market, subsidized employment, vocational rehabilitation,..) in order to prevent their social exclusion. System of granting partial benefit is pursuing a goal of activation policies (increased partial benefit, reduced partial benefit). The reduction of disability benefit (for 30%) is a **temporary measure** which applies only in case in which a person with reduced working capacity terminates his/her employment relation by **his own will or through his/her own fault**. The aim of the measure is to encourage persons with reduced working capacity to remain on the labour market and to improve their social inclusion. If a person with reduced working capacity doesn't want to remain in the labour market he/she remains eligible for disability benefit (only it is reduced for 30%) and under certain conditions he/she is also eligible for social assistance; in case of permanent incapacity for indefinite period.

D. Please state whether recourse is had to paragraph 3 of Article 36.

In the case of Slovenia, the recourse is not had to paragraph 3 of Article 36.

Article 37

Please state whether, in accordance with the provisions of this Article:

- a) *all employees protected who were employed in the territory at the time of the accident or at the time of contracting the disease are entitled to the benefits stipulated in Articles 34 and 36;*
- b) *the widow and children of an employee who was employed in the territory at the time of the accident or at the time of contracting the disease are entitled to the periodical payments stipulated in Article 36 without any conditions as to residence.*

Temporary incapacity for work

Rights (benefits) arising from the compulsory health insurance (governed by the *Health Care and Health Insurance Act*) are guaranteed to all persons covered by health insurance (all persons working within the Slovenian territory are compulsory insured).

Long-term incapacity for work

Rights (benefits) arising from the compulsory pension and disability insurance (governed by the *Pension and Disability Insurance Act*) are guaranteed to all persons covered by pension and disability insurance (all persons working within the Slovenian territory are compulsory insured).

With regards to the family pension in connection with the condition of residency, the PDIA-2 sets forth the provision concerning payment of pensions abroad (Article 120). The PDIA-2 lays down that a pension will be paid to a foreign country if a beneficiary of rights who is a foreign national and has emigrated permanently, if a relevant agreement has been concluded with this other country or if this other country recognizes such a right to the citizens of the Republic of Slovenia (under the condition of reciprocity). In practice pensions have also been paid to non-residential bank accounts.

Article 38

1. *Please confirm that, in accordance with provisions of this Article, the benefits stipulated in Articles 34 and 36 are granted throughout the contingency.*

All rights, those arising from the compulsory health insurance as well as those arising from the pension and disability insurance, are in accordance with the legislation in force granted throughout the contingency.

2. *Please state whether a waiting period is provided for in case of incapacity for work and, if so, indicate the length of such period.*

Temporary incapacity for work

Health services: no waiting period (from the first day of health insurance onwards).

Cash benefit (Article 29 of HCHIA): Benefit is paid to the insured person on the basis of the opinion of the personal physician or competent physicians' committee:

- from the first day of absence from work for transplant of living tissue and organs to benefit another person, as a consequence of giving blood, care of a close family member,

quarantine and attendance ordered by a physician and from employment injury sustained in circumstances from Article 18 of the HCHIA³⁵;

- from the 31st day of absence from work in all other cases (Note: as of 1 January 2003 this indent is not used in relation to the right to wage compensation in cases of the worker's inability to work due to an illness or injury which is not related to work – *Employment Relationship Act* (Official Gazette RS, no. 21/13, 78/13-popr., 47/15-ZZSDT, 33/16-PZ-F)). For the first 30 days of absence from work, the benefit is paid by the employer – on a basis of the labour legislation in force (*Employment Relationships Act*³⁶).

Long-term incapacity for work

Disability pension: No waiting period (An insured person acquires a right under compulsory insurance on the day when the conditions for acquisition of this right have been fulfilled. The necessary condition for obtaining the right to a pension is the cessation of compulsory pension and disability insurance. A recipient is entitled to a pension from the first day following the cessation of insurance).

Family pension: No waiting period (A widow, a widower or another family member who has asserted the right to a widow/widower's or a family pension by virtue of a recipient of old-age or disability pension, has this pension paid as of the first day of the month following the cessation of payments of old-age or disability pension to the deceased person).

3. Please indicate, with reference to Article 68 below, the provisions, if any, for the suspension of benefits stipulated in Articles 34 and 36, under the schemes concerned.

For the answer, please see for:

- ❖ health services – Part II;
- ❖ sickness cash benefits – Part III;
- ❖ disability pension – Part IX;
- ❖ family pension – Part X.

³⁵ Article 18 of the HCHIA - The following are also insured against employment injury:

- Persons participating in organised public works of a general nature, in rescue actions or in protection and rescue during natural and other disasters;
- Participants in youth camps in the Republic of Slovenia;
- Persons performing work or tasks of military service or alternative civilian service, national protection, civil protection, surveillance and intelligence services, general rescue services or in communications units and in training for defence and protection;
- Persons assisting interior affairs bodies and the authorised persons of these bodies performing their tasks in compliance with the law;
- Persons performing tasks of interior affairs bodies as reservists in the composition of interior affairs bodies;
- Persons on the request of state and other authorised bodies performing public functions or civic duties;
- Sportsmen, trainers or organisers participating in sports events as part of an organised sporting activity;
- Persons who are members of operational units of volunteer fire fighting organisations performing tasks in the extinguishing of fires, protection and rescue during other disasters, in training, protection at fire-risk locations and at public events, tasks in public appearances and demonstrations with the demonstration of exercises and in teaching people about fire safety;
- Persons who are members of mountain rescue services, underwater or cave rescue services or rescue dog-handler unit performing tasks of saving lives or averting or preventing danger that directly threatens the lives or property of citizens.

³⁶ For the first 30 days of absence from work, his/her employer pays the benefit (*wage compensation*). The legal basis for this is the **Employment Relationships Act** (ERA), which in this regard lays down the following provision: The employer shall pay wage compensation from own funds in cases of the worker's inability to work due to an illness or injury which is not related to work for up to 30 working days for individual absence from work but not more than for 120 working days in a calendar year. In cases of a **worker's inability to work due to an occupational disease or employment injury**, the employer shall pay the worker wage compensation from own funds for up to 30 working days for each individual absence from work. In case of longer absence from work, the employer shall pay wage compensation to the debit of health insurance. In case of two or more successive absences from work due to the same illness or injury which is not related to work in the duration of up to 30 working days, when the individual interruption between two absences lasts less than ten working days, the employer shall pay wage compensation for the period of subsequent absence after the interruption to the debit of health insurance. In case of the worker's absence from work due to an illness or injury which is not related to work, the wage compensation to be paid from the employer's funds shall amount to 80% of the worker's salary in the previous month for full-time working hours (Article 137 of the ERA).

PART VII **FAMILY BENEFIT**

The Constitution of the Republic of Slovenia (CRS) in its Article 53 lays down that the state protects the family, motherhood, fatherhood, children and young people, and creates the necessary conditions for such protection. Furthermore, parents have the right and duty to maintain, educate and raise their children. This right and duty may be revoked or restricted only for such reasons as are provided by law in order to protect the child's interests. Children born out of wedlock have the same rights as children born within it (Article 54 of CRS).

Primary legislation:

- Parental Care and Family Benefits Act (Official Gazette RS, no. 26/2014, 90/2015));
- Marital and Family Relations Act (Official Gazette RS, no.69/2004);
- Guarantee and Maintenance Fund of the Republic of Slovenia Act (Official Gazette RS, no.26/2003);
- Guaranteed Wages Act (Official Gazette SRS, no.48/90; no.127/2003);
- Exercise of Rights to Public Funds Act(Official Gazette RS, no. 62/10, 40/11, 40/12 – ZUJF, 57/12 – ZPCP-2D, 14/13, 56/13 – ZŠtip-1, 99/13, 14/15 – ZUUJFO, 57/15,90/15 in 38/16 – odl. US)

Secondary legislation:

- Rules on the criteria for exercising the rights of children who need special child care (Official Gazette RS, no. 89/2014);
- Regulation on Procedure for exercising Rights to Family Benefits (Official Gazette RS, no. 89/2014).

Basic features of legal arrangements

Parental Care and Family Benefits Act (PCFBA-1) regulates parental care insurance and the rights arising from this insurance, family benefits, conditions and the procedure of exercising individual rights as well as other issues concerning the enactment of the law.

Under the principles of mutuality and solidarity this insurance grants the insured persons with rights in connection with parental responsibilities. If not enough funding has been accrued with the payments of contributions for parental care to pay for the rights arising from the insurance then additional funding is provided from the budget.

Contributions for parental care are paid by the insured persons as well as by employers. The contribution amount is determined by law (Social Security Contributions Act). The contributions are paid into the budget of the Republic of Slovenia.

The rights granted under this law are as follows (Article 2 of the PCFBA-1):

- rights arising from the parental care insurance,
- rights to family benefits.

Family benefits are forms of financial assistance and include (Article 57 of the PCFBA-1):

- parental allowance;
- newborn allowance (layette);
- child benefit;
- large family allowance;

- special child care allowance for a child in need of special care;
- partial payment for the loss of income.

Article 40

Please indicate briefly the conditions of eligibility for benefits provided for in Article 42 to the persons protected (number of children, age limit of children, etc).

As mentioned above, family benefits are governed by the Parental Care and Family Benefits Act (PCFBA), which sets forth the following forms of family benefits:

- parental allowance;
- newborn allowance (layette);
- child benefit;
- large family allowance;
- special child care allowance for a child in need of special care;
- partial payment for the loss of income.

The family benefit taken into consideration under the Article 42 of this convention is the **child benefit**.

Child benefit

The aim of child benefit is to provide parents or the child supplementary income for living, raising and education (Article 70 of the PCFBA-1).

The right to child benefit is granted to one of the parents or another person for a child who has a temporary residence and actually lives in the Republic of Slovenia (Article 73 of the PCFBA-1) until the age of 18.

The right to child benefit is granted for the period of maximum one year (Article 75 of the PCFBA-1).

Child benefit from 1 January 2016 amounts to (EUR per month):

	average monthly income per person (in %)	Amount of child benefit for each child until child finishes elementary school or until age of 18 (in EUR)			Amount of child benefit for each child for a child in secondary school, until age of (in EUR)		
		1. child	2. child	3. and susequent child	1. child	2. child	3. and susequent child
1	Up to 18 %	114,31	125,73	137,18	114,31	125,73	137,18
2	Over 18 % to 30 %	97,73	108,04	118,28	97,73	108,04	118,28
3	Over 30 % to 36 %	74,48	83,25	91,98	74,48	83,25	91,98

4	Over 36 % to 42 %	58,75	67,03	75,47	58,75	67,03	75,47
5	Over 42% to 53 %	48,04	56,06	64,03	48,04	56,06	64,03
6a	Over 53 % to 56 %	30,44	38,10	45,71	30,44	38,10	45,71
6b	Over 56 % to 64 %	30,44	38,10	45,71	43,44	51,10	71,17

When the child lives in a single-parent family, the individual amount of child benefit is to be increased by 30%. A single-parent family is a union of one parent and children, whereas the other parent had died and the child does not receive any support after the deceased parent, or if the other parent is unknown, or if the child does not receive any income support from the other parent. If a preschool child is not visiting preschool education pursuant to the regulations governing kindergartens, individual amount of child benefit shall be increased by 20%. (Article 72 of the PCFBA-1).

Other family benefits

A question of eligibility with respect to other family benefits:

o Parental allowance:

Parental allowance is cash aid to parents, which is provided when they are not entitled to parental benefits after the birth of a child (Article 63 of the PCFBA-1).

The right to parental allowance is granted to mother 77 days after the birth of the child, if mother and child have permanent residence in the Republic of Slovenia and actually live in the Republic of Slovenia. After that the right to parental allowance is granted reasonably under equal conditions to one of the parents, depending on the written agreement between parents agreed before starting to exercise the right (Article 64 of the PCFBA-1).

In line with article 64 of the PCFBA-1 the father has a right to parental allowance 77 days after the birth of the child under equal conditions as mother if mother:

- has died,
- has left a child,
- is permanently or temporarily unable to live and work independently on the basis of the opinion of competent doctor.

The right to parental allowance is reduced for as many days as is the child's age when father acquires the right to parental allowance.

If parents cannot agree on the use of the parental allowance or if their agreement is in contradiction with the child's good, the decision is adopted by the center taking into account the benefit of the child.

Other person has the right to parental allowance under equal conditions as parents if they take care of the child. The right is reduced for as many days as it has already been used by the child's parents.

The right to parental allowance lasts for 365 days after the birth of a child. The father or other person is entitled to parental allowance in the same duration as the mother, reduced by the number of days the mother has already used the right (Article 66 of the PCFBA).

In certain cases, the PCFBA-1 provides for the prolongation of parental allowance (birth of twins or simultaneous birth of several live-born children, birth of prematurely born children, birth of a child in need of special care, upon the childbirth if the parents are already taking care of and bringing up two children until they finish first grade of elementary school).

Parental allowance amounts to 252,04 EUR per month.

o Newborn allowance:

Newborn allowance is a lump-sum benefit in cash intended for the purchase of equipment for the newborn baby (Article 68 of the PCFBA-1).

The right to newborn allowance is granted to every child whose mother or father have permanent residence in the Republic of Slovenia and actually lives in the Republic of Slovenia (Article 69 of the PCFBA-1) and the average monthly income per person (family member) does not exceed 64% net average income.

The right to newborn allowance is also granted to adoptive parents and other persons, who takes care of the child.

Newborn allowance shall amount to 280 EUR.

o Large family allowance:

Large family allowance is an annual benefit intended for families with several children (Article 77 of the PCFBA-1).

The right to large family allowance is granted to one of the parents if:

- one of the parents and the children have joint permanent residence in the Republic of Slovenia and actually live in the Republic of Slovenia (Article 78 of the PCFBA-1).

For the purposes of the PCFBA-1 a large family is a family with three or more children until the age of 18, and over the age of 18, if parents are obliged to support the children. The right to large family allowance may be also granted to other person when three or more children from the same family live without parents.

The right to large family allowance lasts for as long as the conditions under the PCFBA-1 are fulfilled. It is considered that the conditions are fulfilled if they are met at least one day in the calendar year.

Large family allowance amounts for the family with three children amounts to **395 EUR** and for the family with four or more children **480 EUR**. It is paid as a lump sum payment.

o Special Child Care Allowance for a Child in Need of Special Care:

Special child care allowance is a benefit in cash for a child who needs special care and is intended to cover higher costs of living the family has due to special care and nursing of such child (Article 79 of the PCFBA-1).

The right to special child care allowance is granted to one of the parents or to another person if the child has permanent residence in the Republic of Slovenia and actually lives in the Republic of Slovenia (Article 80 of the PCFBA-1).

This right is exercised on the basis of the opinion delivered by the medical board (Article 80 of the PCFBA-1).

The right to special child care allowance is granted:

- for the period when the child is provided with special care due to medical reasons, or
- until the age of 18. After that age the right to childcare allowance is granted if parents are obliged to support the child (Article 82 of the PCFBA-1).

The monthly amount of special child care allowance due to higher costs of living is **100 EUR**. For children with severe disturbances in mental development and children with severe disability in movement who need special care³⁷, the allowance amounts to **200 EUR**.

o Partial payment for the loss of income:

In line with the Article 83 of the PCFBA-1 partial payment for lost income is personal benefit paid to one of the parents who has terminated his or her employment or started to work short time in order to care and safeguard a child/children with severe disturbance in mental development or severe disability in movement (hereinafter referred to as a child in need of special care).

The right to partial payment for the loss of income is granted to one of the parents if the child and one of the parents have permanent residence in the Republic of Slovenia and actually reside in the Republic of Slovenia (Article 84 of the PCFBA-1).

This right is exercised on the basis of the opinion delivered by the medical board (Article 83 of the PCFBA-1).

The right to partial payment for the loss of income may be exercised by the person who meets set forth conditions if he or she has decided to leave the labour market or start working part-time in order to care for a child in need of special care.

The right to partial payment for the loss of income is granted to one of the parents until the conditions are fulfilled or until the child reaches the age of 18. If a child dies, the right is granted two more months after the child has died (Article 86 of the PCFBA-1).

When the medical board finds out on the basis of the opinion of the competent Centre for Social Work that the recipient of compensation for the loss of income does not provide the child with adequate care at home, the right is to be ceased on the first day of the following month after the finding was made (Article 86 of the PCFBA-1).

The monthly amount of partial payment for the loss of income is 734,15 EUR. If one of the parents works part time, he or she is entitled to the proportional part of partial payment for lost income (Article 83 of the PCFBA-1).

³⁷ Children with severe disturbances in mental development: who can only be trained to participate in activities; who need constant nursing, care, help and guidance; who have limited abilities of movement and suffer from other severe disturbances, illnesses and diseases; whose understanding and following of instructions is very limited; whose orientation result on intelligence tests is less than 20 IQ and mental age up to 2 years;

Children with severe disability in movement: who are able to perform only few useful movements, who can communicate through non-verbal communication or substitute communication.

Article 41

A. Please state to which of the sub-paragraphs of this Article recourse is had.

In the case of Slovenia, the recourse is had to sub-paragraph (a) of this Article.

B. Please state the classes of persons protected in accordance with the provisions of this Article.

The aim of child benefit is to provide parents or the child supplementary income when the income per family member does not exceed the maximum limit of income class (Article 71 of the PCFBA-1)³⁸.

C. Please furnish statistical information under this Article as follows: Title I under Article 74.

TITLE I:

A. Number of employees protected:

Ai) For the year 2015 = *cannot be determined*³⁹

B. Total number of employees:

For the year 2015 = **806.800**⁴⁰

C: Number of employees protected (A iii.) per cent of total number of employees (B):

$A / B = \textit{cannot be determined} / 806.800 = / \%$

Parents and/or children (where one of the parents has their permanent residence in the Republic of Slovenia) are entitled to receive newborn allowance, child benefit, large family allowance and special childcare allowance for a child in need of special care. The mother or one of the parents shall have the right to parental allowance and partial compensation for the loss of income providing that the mother or one of the parents and the child have permanent residence in the Republic of Slovenia and they are both citizens of the Republic of Slovenia.

Article 42

Please state to which of the sub-paragraphs of this Article recourse is had.

In case of Slovenia, the recourse is had to Article 42, paragraph (a).

³⁸ The income class is determined in percentage from the average monthly wage of all employees in the Republic of Slovenia for the calendar year before the application is filed. The amount of child benefit is laid down on the basis of family placement in the income class. The total amount of child benefit shall be determined on the basis of the number of children for all children who are entitled to child benefit so that individual amounts of child benefits for each child are added up. Families are classified into individual income classes on the grounds of the average monthly income per family member in the preceding calendar year. The average monthly income per family member is calculated by dividing the family's joint income with the number of months to which income relates and the number of family members pursuant.

³⁹ Since the child benefit is income related (income per family member cannot exceed 64% of the average wage), it is impossible to determine exact number of employees protected (number varies constantly).

⁴⁰ Persons in employment in period from July 2015 to June 2016 (includes persons in paid employment and self-employed persons), source:

http://pxweb.stat.si/pxweb/Dialog/varval.asp?ma=0700910E&ti=&path=../Database/Demographics/07_labour_force/05_labour_force_register/01_07009_aktivno_preb_mesecno/&lang=1

If recourse is had to sub-paragraph (a) or (c) please state the amount of the periodical payment made in respect of each dependent child.

Child benefit from 1 January 2016 amounts to (EUR per month):

	average monthly income per person (in %)	Amount of child benefit for each child until child finishes elementary school or until age of 18 (in EUR)			Amount of child benefit for each child for a child in secondary school, until age of (in EUR)		
		1. child	2. child	3. and subsequent child	1. child	2. child	3. and subsequent child
1	Up to 18 %	114,31	125,73	137,18	114,31	125,73	137,18
2	Over 18 % to 30 %	97,73	108,04	118,28	97,73	108,04	118,28
3	Over 30 % to 36 %	74,48	83,25	91,98	74,48	83,25	91,98
4	Over 36 % to 42 %	58,75	67,03	75,47	58,75	67,03	75,47
5	Over 42% to 53 %	48,04	56,06	64,03	48,04	56,06	64,03
6a	Over 53 % to 56 %	30,44	38,10	45,71	30,44	38,10	45,71
6b	Over 56 % to 64 %	30,44	38,10	45,71	43,44	51,10	71,17

The income class is determined in percentage from the average monthly wage of all employees in the Republic of Slovenia for the calendar year before the application is filed (Article 71 of the PCFBA-1).

When the child lives in a single-parent family, the individual amount of child benefit is to be increased by 30%. A single-parent family is a union of one parent and children, whereas the other parent had died and the child does not receive any support after the deceased parent, or if the other parent is unknown, or if the child does not receive any income support from the other parent.

. If a preschool child is not visiting preschool education pursuant to the regulations governing kindergartens, individual amount of child benefit shall be increased by 20%. (Article 72 of the PCFBA-1).

If recourse is had to sub-paragraph (b) or (c) please specify the nature of the benefits in kind and the methods of providing them.

/

Article 43

Please state, for each scheme concerned, the nature and the duration of the qualifying period, if any, for title to the benefits provided in accordance with the provision of this Article. Please summarise the rules for the computation of the qualifying period.

The child benefit is a cash benefit aiming to provide parents or the child supplementary income. The right to child benefit is granted for the period of one year.

For a person to obtain the child benefit no qualifying period as such is required under the condition that meets the criteria pursuant to the PCFBA (see the answer given to the question set forth under the *Article 40*).

Article 44

A. Please furnish, under this Article, information in the form set out in Title I under Article 66 below.

Article 66 / paragraph 4 / (a)

Wage of the ordinary male adult labourer

- time basis = the year 2015
- annual average of the amount of wage of the ordinary adult labourer selected (gross) in 2015 = 1.566,44 EUR⁴¹

A = 1.566,44 EUR

B. Please also furnish the following information:

1. Total amount of cash benefits granted in respect of children of the persons protected, as shown under Article 41 above;

B.1 = 260.840.542 EUR⁴²

2. Total value of benefits in kind granted in respect of children of the persons protected⁴³, as shown under Article 41 above;

B.2 = /

⁴¹ For the purpose of the sub-paragraph b of the fourth paragraph of Article 66 a person employed in **processing industry** was taken, i.e. economic activity which includes the largest number of active males, insured for appropriate contingency, or providers for insured persons in the sector which includes the most of these insured persons or providers. For this the International Standard classification of Economic Activities was used. Source: <http://www.stat.si/StatWeb/pregled-podrocja?idp=74&headerbar=13>

⁴² Source: http://www.mdds.gov.si/si/uvcljavljanje_pravic/statistika/druz_prejemki_zavarovanje_sv/

⁴³ The benefits or subsidies the value of which is shown under this item should include only the benefits granted in respect of children of the persons protected as shown under Article 41. Accordingly, if account is to be taken of certain benefits or subsidies, such as free or subsidised school meals, etc., then the value of such part only of these benefits or subsidies as is granted to children of the persons protected should be calculated or estimated, and information should be furnished as to the methods applied in calculating such value.

3. Total value of benefits in cash and in kind granted in respect of children of the persons protected (B.1 + B.2).

$$B.3 = B.1 + B.2 = 260.840.542 \text{ EUR}$$

C. Please furnish:

i. the total number of children of all residents;

$$C.i = 553.354^{44}$$

ii. the total value of benefits in cash and in kind (B.3) per cent of the wage of the ordinary adult male labourer (A) multiplied by the total number of children of all residents (C.i.).

$$(A \times C.i) \times 1.5\% = 866.795.839,76 \times 0.015 = 13.001.937,60 \text{ EUR}$$

$$13.001.937 \text{ EUR} < 260.840.542 \text{ EUR}$$

Article 45

Please indicate, with reference to the Article 68 below, the provisions, if any, for the suspension of family benefit under the scheme or schemes concerned.

The right to child benefit is terminated on the first day of the following month after the conditions for its granting are no longer fulfilled pursuant to the PCFBA-1 (for the conditions see above).

⁴⁴Total number of children of all residents in 2015 (children of age 0 up to 26). Source: Statistical Office of the Republic of Slovenia.

PART VIII MATERNITY BENEFIT

The Constitution of the Republic of Slovenia (CRS) defines Slovenia as a law-governed and social state. The chapter on human rights and fundamental freedoms specifically guarantees *the right to social security* (Article 50 of CRS), which stipulates that, under the conditions laid down by law, citizens of RS have the right to social security. It is the duty of the state to arrange compulsory health, retirement, disability and other social insurance, and to ensure the operation thereof. War veterans and victims of war violence are ensured special protection in accordance with a special law. The Constitution also stipulates that the state protects the family, motherhood, fatherhood, children and young people, and creates the necessary conditions for such protection (Article 53 of CRS).

Primary legislation:

- Parental Care and Family Benefits Act (Official Gazette RS, no.26/2014, 90/2015);
- Health Care and Health Insurance Act (Official Gazette RS, no. 9/92, 13/93, 9/96, 29/98, 77/98 Odl US, 6/99, 56/99-ZVZD, 99/01, 42/02-ZDR, 60/02, 11/03 Skl. US, 126/03, 20/04-UPB1, 62/05 Odl US, 76/05, 100/05-UPB2, 100/05 Odl. US, 21/06 Odl. US, 38/06, 72/06-UPB3, 114/06-ZUTPG, 91/07, 71/08, 76/08, 118/08 Skl. US, 62/10-ZUPJS, 87/11, 40/12-ZUJF, 21/13-ZUTD-A, 91/13, 99/13- ZUPJS-C, 99/13-ZSVarPre-C, 111/13-ZMEPIZ-1, 95/14-ZUJF-C, 47/15-ZZSDT);
- Social Security Contributions Act (Official Gazette RS, no. 5/96; no. 81/2000, no. 97/2001, no.62/2010 Odl.US);
- Marital and Family Relations Act (Official Gazette RS, no.69/2004).

Secondary legislation:

- Rules on the Execution of Childcare Leave (Official Gazette RS, no. 89/2014);
- Rules on Compulsory Health Insurance (Official Gazette RS, no. 73/95, 39/96, 70/96, 47/97, 3/98, 3/98, 51/98 Odl. US, 90/98, 6/99 corr., 109/99 Odl. US, 61/00, 64/00 corr., 59/02, 11/03 Skl. US, 18/03, 30/03, 35/03 corr., 78/03, 84/04, 44/05, 86/06, 90/06 corr., 64/07, 33/08, 71/08, 118/08 Skl. US, 7/09, 88/09, 30/11, 49/12, 106/12, 99/13-ZSVarPre-C, 25/14 Odl. US, 25/14, 85/14).

Basic features of legal arrangements

Parental Care and Family Benefits Act (PCFBA-1) regulates parental care insurance and the rights arising from this insurance, family benefits, conditions and the procedure of exercising individual rights as well as other issues concerning the enactment of the law (Article 1 of the PCFBA).

Under the principles of mutuality and solidarity this insurance grants the insured persons with rights in connection with parental responsibilities. If not enough funding has been accrued with the payments of contributions for parental care to pay for the rights arising from the insurance, then additional funding is provided from the budget.

Contributions for parental care are paid by the insured persons as well as by employers. The contribution amount is determined by law (*Social Security Contributions Act*). The contributions are paid into the budget of the Republic of Slovenia.

The rights granted under this law are as follows (Article 2 of the PCFBA):

- rights arising from the insurance for parental care,
- rights to family benefits.

The rights arising from the **parental care insurance** are (Article 14 of the PCFBA-1):

- 1) parental leave (Article 15 of the PCFBA):
 - maternity leave (105 days);
 - paternity leave (90 days: 15 + 75 – until 31.12.2015, after 1.1.2016: 70 days: 20+50);
 - childcare leave (260 days or longer);
- 2) parental benefits (Article 40 of the PCFBA):
 - maternity benefit;
 - paternity benefit;
 - childcare benefit;
- 3) right to work part-time and to payment of social security contributions due to parenthood.
- 4) right to payment of social contributions due to 4 or more children
- 5) right to benefit during the nursing break

Article 48

A. Please state to which of the sub-paragraphs of this Article recourse is had.

In the case of Slovenia, the persons protected shall comprise all women in prescribed classes of employees, constituting not less than 50 per cent of all employees, and, for maternity medical benefit, also the wives of men in these classes (Article 48 / sub-paragraph (a)).

B. Please state the classes of employees or the economically active population protected in accordance with the provisions of this Article.

Protection of maternity is legally regulated as follows:

(1) Pregnancy and confinement: the Health Care and Health Insurance Act and the Parental Care and Family Benefits Act.

The rights arising from compulsory health insurance are (Article 13 of the HCHIA):

- the right to payment of health services, and
- the right to sickness benefit in lieu of pay during temporary absence from work.

The right arising from compulsory parental care insurance is the right to maternity benefit (cash benefit). The length of right to maternity benefit depends upon the use of maternity leave, which according to the law must be undertaken 28 days prior to the confinement.

According to the Health Care and Health Insurance Act (HCHIA), persons covered by the **compulsory health insurance** (*insured persons*) are:

- those insured (insurees) and
- their family members (Article 14 of the HCHIA).

Those insured are:

1. Persons who are employed in the Republic of Slovenia;
2. Persons employed by an employer with their principal office in the Republic of Slovenia and sent to work or for professional training abroad, if they are not compulsorily insured in the country to which they have been sent;
3. Persons employed by foreign and international organisations and institutions, foreign consular and diplomatic representations based in Slovenia, unless otherwise provided by treaty;

4. Persons with permanent residence in the Republic of Slovenia employed by a foreign employer and not insured with a foreign health insurance provider;
5. Persons who independently perform commercial or professional activities in the territory of the Republic of Slovenia as their only or main occupation;
6. Persons who are owners of private companies in the Republic of Slovenia if they are not insured elsewhere;
7. Farmers, members of their establishments and other persons performing farming activities in the Republic of Slovenia as their only or main occupation;
8. Top sportsmen and chess players – members of physical training and chess organisations in the Republic of Slovenia who are not insured elsewhere;
9. Unemployed persons who receive unemployment benefit or unemployment assistance from the employment institute;
10. Persons with permanent residence in the Republic of Slovenia who receive pensions in compliance with the regulations of the Republic of Slovenia or maintenance in compliance with the regulations on maintenance for farmers;
11. Persons with permanent residence in the Republic of Slovenia who receive pensions from a foreign provider of pension insurance unless otherwise provided by treaty;
12. Persons with permanent residence in the Republic of Slovenia insured with a foreign health insurance provider who during their stay in the Republic of Slovenia cannot exercise their rights under that insurance;
13. Family members of a person insured with a foreign health insurance provider and having permanent residence in the Republic of Slovenia but not being insured as family members with the foreign health insurance provider;
14. Foreigners pursuing studies or training in the Republic of Slovenia who are not insured elsewhere;
15. Persons with permanent residence in the Republic of Slovenia who are recipients of disability benefit according to the regulations on disabled military personnel and disabled civilian victims of war, who have rights according to the regulations on protection of war veterans, victims of wartime aggression and participants of other wars and recipients of national benefits for their services, if they are not insured elsewhere;
16. Persons with permanent residence in the Republic of Slovenia who receive benefits in compliance with the act governing social protection for mentally and physically challenged adults, if they are not insured elsewhere;
17. Persons with permanent residence in the Republic of Slovenia who receive permanent monetary benefit as their only source of maintenance according to the social security regulations;
18. Persons with permanent residence in the Republic of Slovenia who are recipients of benefits for their services according to the regulations on protection of participants of war, if they are not insured elsewhere;
19. Those liable for military service with permanent residence in the Republic of Slovenia and who are performing civilian service in place of military service;
20. Persons with other incomes and with permanent residence in the Republic of Slovenia if they are not insured elsewhere;
21. Citizens of the Republic of Slovenia with permanent residence in the Republic of Slovenia who are not insured elsewhere.

Under the conditions determined by the HCHIA (Article 20), the following are insured as family members of the insured person:

- a) the close family members:
 1. spouse,
 2. children (both from and out of wedlock and those adopted);
- b) the wider family members:
 1. stepchildren whom the insured person maintains,

2. grandchildren, brothers, sisters and other children without parents, whom the insured person has taken in and maintains, under the conditions determined by this act for children,
3. parents (father and mother, step father and step mother and adoptive parent) who live with the insured person in a common household and whom the insured person maintains, and who do not possess sufficient means of their own for maintenance and who are permanently and completely incapable of working.

(2) After confinement: the Parental Care and Family Benefits Act.

The right arising from compulsory parental care insurance is the right to parental benefits (cash benefits), parental leave and rights arising from the entitlement to work shorter hours and to payment of social security contributions due to parenthood.

Persons insured for parental care are (Article 8 of the PCFBA-1):

1. Persons who are employed in the Republic of Slovenia;
2. Persons employed by an employer with their principal office in the Republic of Slovenia and sent to work or for professional training abroad, if they are not compulsorily insured in the country to which they have been sent;
3. Persons employed by foreign and international organisations and institutions, foreign consular and diplomatic representations based in Slovenia, unless otherwise provided by treaty;
4. Persons who independently perform commercial or professional activities in the territory of the Republic of Slovenia as their only or main occupation;
5. Persons who are owners of private companies in the Republic of Slovenia if they are not insured elsewhere;
6. Farmers, members of their establishments and other persons performing farming activities in the Republic of Slovenia as their only or main occupation and are included in pension and disability insurance;
7. Unemployed persons who receive unemployment benefit or unemployment assistance from the employment institute;
8. Persons who, after termination of their employment, receive compensation during temporary absence from work from the Health Insurance Institute of Slovenia, according to regulations governing health insurance;
9. Persons receiving parental benefit on the basis of this act and are not insured on any other basis,
10. Persons having the right to paying social security contributions according to this act due to the part-time work as a consequence of parenthood
11. Persons having the right to partial payment for the lost income according to this or other act.
12. Unemployed persons included in public works.....

C. Please furnish statistical information under this Article as follows: Title I under Article 74

Please see Part II – Medical Care / Article 9 / question C.

D. Please confirm that the dependant wives of men in the classes of persons protected are entitled to the medical benefits stipulated in Article 49, in accordance with the provision of this Article.

As mentioned above, according to the Article 14 of the HCHIA, persons covered by the compulsory health insurance (*insured persons*) are those insured (*insurees*) and their family members.

Family members are insured if they have permanent residence in the Republic of Slovenia, unless otherwise provided by international treaty for close family members (Article 20 of the HCHIA).

Among persons insured as family members are also spouses. The HCHIA sets forth that spouses are insured as family members if they are not themselves insured. On this condition insurance cover is also provided for a divorced spouse for whom a court order has decreed maintenance. Insurance for spouses also covers persons who live with an insured person in a relationship, which according to the Marital and Family Relations Act, is legally equated with marriage (Article 21 of the HCHIA).

E. If recourse is had to Article 6 above (voluntary insurance), for all or any of the schemes concerned, please furnish information under this Article in the form set out under Article 6.

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Article 49

A. Please indicate in detail the nature of the benefits provided under each scheme concerned, with reference to paragraph 2 of this Article, specifying more particularly the services provided in case of hospitalisation.

Pre-natal, confinement and post-natal care:

The HCHIA lays down that women are provided with:

- **regular and other preventive check-ups** in connection with pregnancy;
- **women's health care** in connection with family planning, pregnancy and childbirth.

According to the Article 27 of the *Rules on Compulsory Health Insurance* (Rules), preventive check-ups for women are:

- check-ups and counselling with regard to family planning, pregnancy, sexually transmitted diseases and their consequences;
- contraception;
- up to 10 systematic check-ups during pregnancy and 2 check-ups with ultrasound;
- discovering carriers of HBs antigen, infected with toxoplasmos and syphilis;
- one home visit to a pregnant woman in the second half of pregnancy;
- medical check-ups six weeks after confinement, spontaneous or artificial miscarriage;
- disensibilisation of Rh negative women with gamaglobulyns after the confinement or after the termination of pregnancy;
- indirect Coomb's test for every pregnant women and Rh disensibilisation in 28th weeks of pregnancy;
- early discovering of breast and uterus cancer once per year with women over the age of 20;
- genetic counselling;
- amniocentesis and cariotypesation with positive transplantation test for women under the age of 35;
- transplantation test for women aged between 35 – 37, and in case of the test being positive also amniocentesis and cariotypesation;
- amniocentesis and cariotypesation or transplantation test with pregnant women aged over 37.

Hospitalisation (medical care and health services in connection with confinement):

According to the Article 38 of the Rules, insured persons (*pregnant female*) have the right to the hospital treatment (hospitalisation) which includes:

- providing professional, technological and organisational services (services that cannot be performed on a primary care level or in specialist-ambulant practices);
- medical care during the hospitalisation;
- maintenance during the hospitalisation;
- providing medications and material for dressing wounds;
- Accessories required for medical treatment;
- health services and health care related to confinement.

B. Please confirm that, in accordance with the provisions of this Article, the beneficiary or her breadwinner is not required to share in the cost of the medical benefits provided. If the scheme provides for the reimbursement of the expenses which the beneficiary or the breadwinner was obliged to incur in order to obtain the benefits stipulated in paragraphs 2, please furnish all available information to show that the beneficiary of breadwinner does not share the cost of such benefits.

Article 23 of the HCHIA explicitly defines the rights to health services deriving from compulsory insurance for which insured persons are provided payment in their entirety. Among those health services are:

- **regular and other preventive check-ups** for women in connection with pregnancy;
- **women's health care** in connection with family planning, pregnancy and childbirth.

C. Please indicate in detail what measures are taken to give effect to the provisions of paragraphs 3 and 4 of this Article.

Article 50

A. Please state whether recourse is had to Article 65 or to Article 66 for the calculation of the benefit.

In case of Slovenia, the recourse is had to Article 65.

B. Please furnish under this Article statistical information as follows:

- i. if recourse is had to Article 65, in the form set out in Titles I and V under Article 65; or*
- ii. if recourse is had to Article 66, in the form set out in Titles I and V under Article 66.*

Article 65 / paragraph 6 / (c): a person whose earnings are equal to 125 per cent of the average earnings of all persons protected:

- average wage (gross) in 2015 = 1.555,71 EUR
- ASSESSMENT BASIS FOR THE CALCULATION OF BENEFITS: 125 per cent of average wage (gross) in 2015 = 1.944,64 EUR
- average wage (gross) in 2016 = 1.575,76 EUR
- STANDARD WAGE: 125 per cent of average wage (gross) in 2016 = 1.969,70 EUR

(1) TITLE I

A: Standard beneficiary: a person whose earnings are equal to 125 per cent of the average earnings of all persons protected (Article 65 / paragraph 6 / (c))

B: 125 per cent of average wage (gross)

C: Standard wage (gross) in 2016 = 1.969,70 EUR

(2) TITLE II

TIME BASIS: March 2016

D: Amount of benefit granted during the time basis

- woman
- assessment period: 105 days (15 weeks)
- assessment basis = 1.944,64 EUR ⁴⁵

100%⁴⁶ of the assessment basis = 100% of 1.944,64 EUR = 1.944,64 EUR

E: Child benefit: 0 SIT

F: Child benefit: 0 SIT

G: (D + F) / (C + E)

(1.944,64 EUR + 0 SIT) / (1.969,70 EUR + 0 SIT) = 0.9872 - **98,7%**

Article 51

Please state, for each scheme concerned, the length of qualifying period which has been considered necessary to preclude abuse. Please summarise the rules concerning the computation of the qualifying period.

In accordance with the HCHIA, a person is entitled to the right to **health services** (medical care) from the first day of compulsory health insurance onwards.

The right to **maternity benefit** have persons who are (Article 41 of the PCFBA-1):

- entitled to maternity leave, and
- had been insured pursuant to the PCFBA-1 before the day of commencement of maternity leave.

The persons who are not entitled to maternity leave shall also have the right to maternity benefit if they had been insured pursuant to the PCFBA-1 for at least twelve months during the past three years prior to the commencement of individual type of parental leave (Article 41 of the PCFBA).

Article 52

1. Please state whether, in accordance with the provision of this Article, the medical benefits stipulated in Article 49 are granted through the contingency. Please specify also:

⁴⁵ The basis for maternity benefit is the average basis from which the contributions for parental care had been calculated (*gross wage*) during the past 12 (twelve) months prior to the commencement of parental leave (Article 41 of the PCFBA).

⁴⁶ Parental benefit for full absence from work amounts to 100% of the basis (Article 44 of the PCFBA).

(a) the duration of the benefit during which the periodical payments stipulated in Article 50 are granted; and

(b) the duration of any period of abstention from work which may be required or authorised by national laws or regulations.

The **medical benefits** stipulated in Article 49 (*health services*) are granted through the contingency, including the pre-confinement (pregnancy, childbirth) and, if necessary, the post-confinement period (medical check-ups, hospitalisation).

The right to maternity benefit have persons who are entitled to **maternity leave** and had been insured pursuant to the PCFBA before the day of commencement of individual type of parental leave (Article 41). If these conditions are met, then the insured person is entitled to the right to maternity benefit during maternity leave for 105 days.

Pursuant to Article 29 of the PCBA-1, Each parent has the right to 130 days of parental leave (together 260 days). Mother can transfer to a father 100 days of parental leave and a father can transfer to a mother 130 days of parental leave. Parental leave follows **immediately after maternity leave** and is intended for the **further care and protection of the child**. Parental leave shall be used in a continuous series in the form of full or partial absence from work.

In exceptional cases, parental leave **may also last longer**:

- leave is extended by 90 days **for the birth of twins**
- for **each additional live born child**, leave is extended by a further 90 days
- for a **premature birth**, leave is extended by the number of days that the pregnancy was shorter than 260 days
- for **the birth of a child needing special care and protection** leave is extended by 90 days (on the basis of the opinion of a medical commission)
- in a case in which the parents at the time of the birth are **already providing care and protection to 2 children**, not finished the first grade of elementary school, leave is extended by 30 days
- in a case in which the parents at the time of the birth are **already providing care and protection to 3 children**, not finished the first grade of elementary school, leave is extended by 60 days
- in a case in which the parents at the time of birth are **already providing care and protection to 4 or more children**, not finished the first grade of elementary school, leave is extended by 90 days

Part of the parental leave of children lasting a maximum of 75 days may be transferred and used up until the child finishes the first grade of elementary school.

Adoptive parents have the right to parental leave, under same conditions as biological parents.

Paternal leave lasted (until 31.12.2015) 90 calendar days, from which the father must use 15 days within the first six months from the birth of the child, exceptionally until 12 months (these 15 days may not be used beyond that time, whereas 75 days may be used until the child's is 3 years of age (namely, in the period of maternity leave, in the period of childcare leave or until the child is 3 years of age). The state provides fathers with a **90percent parental leave allowance for the 15 days** within the period of first six months, and **for the remaining days until the child's third year of age, payment of social security contributions based on minimal wage**.

Paternal leave after 1.1.2016:

The father must use the paternal leave:

- **lasting at least 15 days in the form of full or part absence from work** up until the age of the **child of six/in some cases 12 months**. The father receives wage compensation for these 15 days
- **lasting 50 days (in 2017 lasting 25 days and in 2018 is only paid leave) in the form of complete absence from work** up until the child is **3 years of age without** wage compensation, the state pays all the social contributions.
- **lasting at least 5 days (in 2017 at least 10 days and in 2018 at least 15 days) in the form of full or part absence from work after the parental leave** until child finishes the first grade of elementary school. The father receives wage compensation for these 5 days

RIGHTS ARISING FROM THE ENTITLEMENT TO WORK SHORTER HOURS

The right to part-time work is held by one of the parents who is caring for and protecting a child up to three years of age.

One of the parents, who cares for and protects two or more children, may exercise the right to part-time work until the youngest child has completed the first grade of elementary school. One year is non-transferable for each parent.

One of the parents who cares for and protects a child with a moderate or severe motor handicap or moderate to severe mentally handicapped child, may extend the right until the child is 18 years of age. This right may be extended on the basis of the opinion of a medical commission.

Part time work must involve at least half of working obligations (20 hours a week). The right and the method of use are agreed between the employer and employee by a contract.

The right to payment of social security contributions is the right of a person exercising the right to part-time work. The employer pays the contributions according to actual working duties, and the Republic of Slovenia guarantees payment of social security contributions up until full working time.

PAYMENT OF CONTRIBUTIONS IN THE CASE OF FOUR OR MORE CHILDREN

One of the parents who leave the labour market because of protection and care of four or more children has the right to payment of social security contributions based on the minimum wage, until the youngest child has completed the first grade of elementary school.

COMPENSATION DURING BREAK FOR NURSING MOTHERS

The mother has the right to compensation during break for nursing (for one hour a day) until child reaches 9 months.

The mother has the right to payment of social security contributions during break for nursing (for one hour a day) for a child from 9-18 months.

2. Please indicate, with reference to Article 68 below, the provisions, if any, for the suspension of maternity benefit under the scheme or schemes concerned.

The PCFBA-1 lays down the provision on termination of the right to maternity benefits (Article 48).

The right to maternity benefit is terminated if:

- the competent labour inspectorate establishes that the person in question carries out work during the period of use of maternity leave;
- the person referred to in the second paragraph of Article 39 (*the persons who are not entitled to maternity leave also have the right to maternity benefit if they had been insured pursuant to the PCFBA for at least twelve months during the past three years prior to the commencement of maternity leave*) begins to work or to carry out an independent activity.

If any of the reasons referred to above arise, the person receiving maternity benefit must return the unjustifiably received amount of maternity benefit together with due interest.

PART X SURVIVORS' BENEFIT

The Constitution of the Republic of Slovenia defines Slovenia as a law-governed and social state (Article 2 of CRS). The chapter on human rights and fundamental freedoms specifically guarantees *the right to social security* (Article 50 of CRS), which stipulates that, under the conditions laid down by law, citizens of RS have the right to social security. It is the duty of the state to arrange compulsory health, pension, disability and other social insurance, and to ensure the operation thereof.

Primary legislation:

- Pension and Disability Insurance Act (Official Gazette RS, no. 96/12, 39/13, 99/13 – ZSVarPre – C, 101/13 – ZIPRS1415, 85/14 – ZUJF-B, 95/14 – ZUJF-C, 95/14 – ZIUPTD, 96/15 – ZIPRS1617, 102/15);
- Official Records of Insured Persons and Beneficiaries of Pension and Disability Insurance Act (Official Gazette RS, no. 111/13, 97/14);
- Social Security Contributions Act (Official Gazette RS, no. 5/96, 34/96, 3/98, 81/00, 97/01, [62/10](#) - Odl. US, 96/12 – ZPIZ-2);

Secondary legislation:

- Statute of the Pension and Disability Insurance Institute of Slovenia (Official Gazette RS, 52/14).

Basic features of legal arrangements

The system of pension and disability insurance is governed by the Pension and Disability Insurance Act (PDIA-2).

The system of pension and disability insurance in the Republic of Slovenia comprises (Article 1 of PDIA-2):

- compulsory pension and disability insurance;
- compulsory supplementary pension insurance;
- voluntary supplementary pension insurance.

The state ensures the operation of compulsory insurance by determining the rate of contributions, imposing the compulsory payment of contributions of Employers and Insured Persons, setting out rules governing the compulsory admission to the insurance, the mode of assessment, payment and recovery of contributions, and the conditions for the recognition, assessment and enjoyment of rights, by arranging the system of personal data records and supervision over securing individual rights. (Article 5 of PDIA-2).

Also, in the event that the expenditure of the Pension and Disability Insurance Institute of Slovenia exceeds revenues from contributions from compulsory insurance, the state must guarantee the payment of pensions and other benefits from compulsory insurance to eligible persons. In this case, the deficit is covered from the state budget or from other sources (Article 5 of PDIA-2).

Articles 62 (Co-financing from the state budget) and 163 (Ensuring the liquidity of the Institute) of the act also stipulate that the state must cover the difference between the revenues and expenditure of the Institute from the state budget.

Compulsory insurance includes natural persons who meet the conditions laid down by the PDIA-2 or a treaty (first paragraph of Article 6).

Rights arising from the compulsory pension and disability insurance are rights to a pension, rights, arising from disability, the right to a yearly bonus and the right to an assistance and attendance allowance (Article 3 of PDIA-2).

Widow(er)'s and family pension – brief overview

The Pension and Disability Insurance Act (PDIA-2) lays down the provisions concerning the rights arising from cases of the death of the insured person. In such cases certain conditions have to be met, on the part of both, the insured person and the beneficiary, for the acquisition of these rights.

The rights arising from cases of the death of the insured person are:

- widow(er)'s pension,
- family pension,

A widow, a widower or other family members of a deceased Insured Person or a beneficiary of rights determined herein shall acquire the right to a widow/widower pension or survivor's pension provided that the latter:

- fulfilled the terms for the entitlement to an early retirement benefit, an old-age pension or a disability pension hereunder, whereby the death is construed in the same way as if a disability of category I had been established for the Insured Person, or
- was the recipient of an early retirement benefit, an old-age pension or a disability pension arising from the Compulsory Insurance, or the beneficiary of rights arising from the Compulsory Insurance based on a disability.

If an Insured Person or a beneficiary of rights died due to an occupational injury or an occupational disease, the beneficiaries shall acquire the right to a widow/widower's pension from the deceased insured person or a survivor's pension irrespective of the years of pensionable service completed by such person (Article 52 of PDIA-2).

(1) Widow(er)'s pension

Widow(er)'s pension can be claimed by a widows or widowers of a deceased insured persons or beneficiary of rights:

1. if by the time of the death they have completed 58 years of age;
2. if by the time of the death they were completely incapable of work, or if they became so within a year after the death, or
3. if by the time of the death, they were left with a child or more children who are entitled to a survivor's pension, whom they have the obligation to take care of (Article 53 of the PDIA-2).

A widow/widower who, becomes completely incapable of work for the duration of their right to a widow/widower's pension shall maintain the right to the widow/widower's pension for as long as such incapacity exists.

A widow/widower who by the time of death of the insured person or beneficiary of rights, has not completed 58 years of age but has completed 53 years of age, shall acquire the right to a widow/widower's pension when they complete 58 years of age.

A widows /widower who, in the course of the right to a widow/widower’s pension obtained due to incapability of work or due to a child, complete 58 years of age, shall maintain the right to a widow/widower’s pension permanently. If this right expires before they reach 58 years of age, but after they have completed 53 years of age, they may re-enforce the right upon completing 58 years of age (Article 53 of PDIA-2).

The age limit for the entitlement to a widow/widower’s pension in the period from 2013 to 2021 shall be as follows:

Year	Age limit	
	Paragraphs 1, 3 and 4 (transition to 58 years of age)	Paragraphs 3 and 4 (transition to 53 years of age)
2013	53 years and 6 months	48 years and 6 months
2014	54 years	49 years
2015	54 years and 6 months	49 years and 6 months
2016	55 years	50 years
2017	55 years and 6 months	50 years and 6 months
2018	56 years	51 years
2019	56 years and 6 months	51 years and 6 months
2020	57 years	52 years
2021	57 years and 6 months	52 years and 6 months

The right to a widow/widower’s pension shall also be acquired by a widow who gives birth to a child of the Insured Person or beneficiary of the rights determined herein within 300 days after their death at the latest, whereby she shall be entitled to this right from the time of the death onwards.

A widow/widower’s pension shall also be acquired by a spouse whose marriage had been dissolved, provided that they are entitled to a maintenance by virtue of a court decision or an agreement, and have enjoyed such maintenance until the time of the death of the Insured Person or beneficiary of the rights.

The right to a widow/widower’s pension shall also be acquired by a person who spent the last three years prior to the death of the Insured Person or the beneficiary of rights determined herein living with the aforementioned person in a cohabitation which, according to the regulations on marriage and family relations, is equivalent to a marriage in terms of legal consequences, or who lived in such cohabitation with the deceased for the last year prior to their death, whereby they also had a child together at any time (Article 54 of PDIA-2).

(2) **Survivor's pension**

The right to a survivor's pension can be acquired by:

- Children
- Stepchildren, grandchildren and other children without parents who were maintained by the insured person and parents who the deceased insured person or beneficiary of rights was obliged to maintain until their own death pursuant to the regulations governing marriage and family relations (Article 55 of PDIA-2).

The child of a deceased Insured Person or a beneficiary of rights is entitled to a survivor's pension until completing 15 years of age or until the completion of regular schooling, but only up to the completion of 26 years of age.

A child who is registered with the Employment Service after completing 15 years of age is entitled to a survivor's pension until he reaches 18 years of age, on condition that he is registered with the Employment Service and that he fulfils the obligations according to the regulations governing the labour market.

Children who become completely incapable of for work before the age up to which they are entitled to the survivor's pension or before completing their education, are entitled to the survivor's pension for the duration of such incapacity.

A child who has become completely incapable of work after the age up to which he is entitled to the survivor's pension, or after the end of the regular schooling, acquire the right to family pension if he was maintained by the insured person or by the beneficiary of the right until their own death. (Article 57 of PDIA-2).

Parents maintained by the insured person or by the beneficiary of the rights until his or her death shall be entitled to the survivor's pension if:

- They have reached 60 years of age by the time of the death or
- At the time of death of the insured person they were completely incapable of work (if in this case the beneficiary reaches 60 years of age in the course of the right to the survivor's pension, then the beneficiary shall maintain a permanent right to the survivor's pension (Article 58 of PDIA-2).

Stepchildren, grandchildren and other children without parents of a deceased maintained by the latter up to their own death acquire the right shall be entitled to the survivor's pension if they meet the conditions laid down for children (Article 58 of PDIA).

Article 60

1. Please state whether recourse is had to the last sentence of paragraph 1 of this Article, according to which, in the case of the widow, the right to benefit may be made conditional on her being presumed to be incapable of self-support; if so specify the rules governing the right to benefit.

According to the PDIA-2, the widow(er)'s pension can be claimed by the widow/widower of the deceased insured persons or of the beneficiary of the rights if:

- by the time of the death, they have completed 58 years of age;
- by the time of the death they were completely incapable of work, or if they became so within a year after the death or

- by the time of the death they were left with a child or more children who are entitled to a survivor's pension, whom they have the obligation to take care of (Article 53 of the PDIA-2).

2. Please state whether recourse is had to paragraph 2 of this Article and, if so, please summarise the rules concerning the suspension of the reduction of the benefit where the beneficiary is engaged in any gainful activity.

Article 116 of the PDIA-2 determines reinstatement of coverage. According to this Article a recipient of an old-age pension, an early retirement benefit, a widow/widower's pension and a survivor's pension who resumes work or activity in the territory of the Republic of Slovenia shall regain the status of an Insured Person and the payment of their pension or benefit during this period shall be terminated. The payment of the pension or benefit shall cease as of the day of regaining the status of an Insured Person.

The recipients of an old-age pension, an early retirement benefit, a widow/widower's pension and a survivor's pension who resume work or activity in the territory of the Republic of Slovenia in the scope corresponding to a proportionate part of full-time or full-time insurance, however, in case of Insured Persons referred to in Article 14 (employees in employment relationship), not less than four hours daily or twenty hours weekly and in case of Insured Persons referred to in Articles 15, 16 and 17 (self-employed people, partners and farmers) hereof at least half of the full-time insurance, shall have their pension paid in a proportionate part.

Article 61

A. Please state to which of the sub-paragraphs of this Article recourse is had.

In the case of Slovenia, the recourse is had to sub-paragraph (a) of this Article.

B. Please indicate classes of employees the wives and children of whom are protected in accordance with the provisions of this Article, unless recourse is had to sub-paragraph (c).

Classes of employees the wives and children of whom are protected:

1. employees in employment relationship,
2. self-employed persons,
3. partners,
4. farmers,
5. persons in other legal relationship and
6. persons on grounds in other regulations

According to the PDIA-2, persons protected for the cases of the death of the insured person are:

- widow(er);
- children
- stepchildren, grandchildren and other children without parents who were maintained by the insured person and parents who the deceased insured person or beneficiary of rights was obliged to maintain until their own death pursuant to the regulations governing marriage and family relations (Article 55 of PDIA-2).
- spouses whose marriages have been annulled but who have, under a court ruling or by agreement, the right to maintenance; and who enjoyed such right up to the death of the

insured person or beneficiary of the rights, also has the right to a widow/widower's pension.

- persons who, for the last three years prior to the death of the insured person, lived with the insured person in such cohabitation with the deceased for the last year prior to their death, whereby they also had a child together at any time
- a widow who gives birth to a child of the Insured Person or beneficiary of the rights determined herein within 300 days after their death at the latest, whereby she shall be entitled to this right from the time of the death onwards (Article 54 of PDIA-2).

C. Please furnish under this Article statistical information: Title I under Article 74 below

Please see Part V – Old-age / Article 27 / question C.

D. If recourse is had to Article 6 above (voluntary insurance), for all or any of the schemes concerned, please furnish information under this Article in the form set out under Article 6.

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Article 62

A. If recourse is had to sub-paragraph (a) or (b) of Article 61 for defining the scope of protection please state whether recourse is had to the provisions of Article 65 or to those of Article 66 for the calculation of the survivors' benefit.

In the case of Slovenia, the recourse is had to the provisions of Article 65.

Article 65 / paragraph 6 / (c): *a person whose earnings are equal to 125 per cent of the average earnings of all persons protected:*

- average wage in 2015: 1.013,19 EUR (net)⁴⁷
- STANDARD WAGE 125 per cent of average wage in 2015 = 1.266,49 EUR (net)
- ASSESSMENT BASIS FOR THE CALCULATION OF BENEFITS (net) = **1.266,45 EUR**
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(1) TITLE I

A: Standard beneficiary: a person whose earnings are equal to 125 per cent of the average earnings of all persons protected (Article 65 / paragraph 6 / (c))

B: 125 per cent of average wage (net)

(2) TITLE II

TIME BASIS: January 2016

⁴⁷ **Average wage (net) in 2015** = average wage (gross) in 2015 per Employee in the Republic of Slovenia (1.555,89 EUR), reduced by the tax and contributions paid from the salary at the average rate in the Republic of Slovenia (34,88%) = **1.013,19 EUR** (Article 35/paragraph 3 of the PDIA-2). Average annual rate of taxes and contributions calculated and paid on wages in the Republic of Slovenia is determined by the Ministry of Finance of the Republic of Slovenia and officially published in the Official Gazette of the Republic of Slovenia (Uradni list Republike Slovenije).

⁴⁸ For a detailed explanation on assessment basis, please see the part on Old-age benefit.

D: Amount of benefit granted during the time basis

- widow and two children
- assessment basis = **1.266,45 EUR**⁴⁹

44,75% of the assessment basis = 44,75% of **877,94 EUR** = 566,73 EUR

Old-age benefit, calculated at 44,75 % of the assessment basis 1266,45 EUR, would amount to **566,73 EUR**. Taking into account an (extraordinary) adjustment of pension on 1. 1. 2016 by 0,7%, it would amount to **570,70 EUR**.

(Extraordinary) adjustment of pension 1. 1. 2016 for 0,7% = **570,70 EUR** (old-age pension of the deceased = the base for the assessment of a widow/widower's pension or a survivor's pension).

A widow/widower's pension shall be assessed in the amount of 70% of the base (Article 61 of the PDIA-2).

A survivor's pension shall be assessed from the base in a percentage which depends on the type and the number of family members. It shall be assessed at 70% for a single family member, at 80% for two family members, at 90% for three family members, and at 100% for four family members or more (Article 62 of the PDIA-2).

Widower and survivor's pension (for a widow and two children) = 90% of the assessment base

570,70 EUR x 90% = **513,63 EUR**

E: Child benefit:

- family: 1 (man) + 1 (wife) + 2 children
- the income class⁵⁰ = 1.266,49 EUR / 4 = 316,62 EUR per family member (which is 31,25 % of the average wage (net) in 2015)
- 1st child = 74,48 EUR; 2nd child = 83,25 EUR; Σ = **157,73 EUR**

F: Child benefit:

- family: widow + 2 children
- the income class⁵¹: 513,63 / 3 = 171,21 EUR per family member (which is 16,9 % of the average wage (net) in 2015)
- 1st child = 114,31 EUR; 2nd child = 125,73 EUR; Σ = **240,04 EUR**

G: (D + F) / (C + E)

⁴⁹ For a detailed explanation on assessment basis, please see the part on Old-age benefit

⁵⁰ According to the Article 21 of the Exercise of rights to public funds act (ERPFA) the limits of income for establishing the eligibility to the rights to public funds are determined regarding the average monthly salary after the payment of taxes and compulsory contributions for social security per employee in the Republic of Slovenia according to the data of the Statistical Office of the Republic of Slovenia in the calendar year prior to the year when the application is submitted (net average salary), except if the Act stipulates otherwise. If the net average salary for the previous calendar year is still not available, then the net average salary for the year before the previous year is considered. The amount of child benefit is laid down on the basis of family placement in the income class.

⁵¹ In this case, the annual income received in the previous year is generally taken into account when calculating child benefits, except when the annual income is considered as current income (for example, if a person started receiving widow's pension in the current year). In the case of current income, the monthly income is multiplied by 12 in order to obtain the annual income (which is deflated for the past year). The income obtained is then derived by 12 and the number of persons taken into account. The intermediate result is then divided by the average wage in the Republic of Slovenia for the previous year and multiplied by 100. The end result is the percentage of income per family member, which is classified in the income bracket in accordance with Article 22 of the Exercise of Rights from Public Funds Act (ZUPJS).

$(513,63 \text{ EUR} + 240,04 \text{ EUR}) / (1266,49 \text{ EUR} + 157,73 \text{ EUR}) = 753,67 \text{ EUR} / 1424,22 \text{ EUR} = 0,5292 - \underline{\underline{52,92 \%}}$

B. /

C. Whether recourse is had to Article 65, Article 66 or Article 67, please furnish information on the review of the amount of survivors' benefit in the form set out in Title VI under Article 65 below.

Article 65 / TITLE VI

1. Please state the method adopted for giving effect, where necessary, to the provisions of paragraph 10 of Article 65 or of paragraph 8 of Article 66.

The indexation of pensions is carried out once annually (in February) and is based on the growth in the average gross monthly salary and the average growth in consumer prices in the Republic of Slovenia, as determined and officially published by the Statistical Office of the Republic of Slovenia in the Official Gazette of the Republic of Slovenia (Uradni list Republike Slovenije). The basis for the indexation is the pension to which a beneficiary is entitled for the month preceding the month in which the indexation is performed, or the pension upon the assessment if implemented in the month of the indexation or later in an individual calendar year (Article 105 of PDIA-2).

Pensions are adjusted by 60% of the growth in average gross salary paid for the period from January to December of the previous year compared to the average gross salary paid for the same period in the year before, and by 40% of the average growth in consumer prices for the period from January to December of the previous year compared to the same period in the year before. The pension indexation is expressed as a percentage and shall constitute the sum of both established partial growths. The pension indexation may not be lower than the established half-growth in consumer prices (Article 105 and 106 of PDIA-2).

The PDIA-2 also contains a provision concerning the possibility of an extraordinary pension indexation upon the fulfillment of statutory conditions. At the proposal of the Pension and Disability Institute's Council and with the agreement of the Government of the Republic of Slovenia, the Act provides that extraordinary pension indexation may be carried out in the year following the year when positive GDP growth is recorded, or in the year when for two consecutive years the growth of the minimum pension base is lower than the increase of consumer prices from January to December of the previous year compared to the same previous period.

By 2016, a regular pension indexation has not yet been applied in accordance with the rules laid down in the ZPIZ-2. The transitional provision of paragraph 3 of Article 430 of the ZPIZ-2 determined that in 2013 the regular pension indexation was carried out only in the wage growth amount. Given the established average wage growth in the Republic of Slovenia in 2012, the pension indexation in 2013 was 0.1%. In accordance with Article 56 of the Implementation of the Republic of Slovenia's Budget for 2014 and 2015 Act (Official Gazette of the Republic of Slovenia, Nos 101/13, 9/14 – ZRTVS-1A, 25/14 – ZSDH-1, 38/14, 84/14, 95/14 - ZUJF-C, 95/14, 14/15, 46/15 and 55/15), it was further established that the pension indexation would not be carried out in 2014 and 2015. In 2016, pensions were indexed outside the legal framework of the ZPIZ-2, as the lawmaker established in paragraph 1 of Article 67 of the Implementation of the Republic of Slovenia's Budget for 2016 and 2017 Act (Official Gazette of the Republic of Slovenia No. 96/15) that there would be no pension indexation for 2016 and 2017. Despite the

aforementioned, paragraph 3 in Article 67 of the same Act used the possibility of extraordinary pension indexation (paragraph 8 of Article 430 of the ZPIZ-2) and set the extraordinary pension indexation for 2016 at 0.7%, which was realized on 1st January 2016. Furthermore, another extraordinary pension indexation by 0.4% is envisaged for the second half of 2016.

2. Please give the following information:

Please see Part V – Old-age / Article 28 / question C2.

3. /

Article 63

1. Please state, for each scheme concerned, the nature and the length of the minimum qualifying period or the minimum average yearly number of contributions, as the case may be, which entitles the persons protected to benefit.

As mentioned above, the PDIA-2 lays down the provisions concerning the rights arising from cases of the death of the insured person. For the acquisition of these rights certain conditions have to be met, on the part of both, the insured person and the beneficiary.

A widow, a widower or other family members of a deceased Insured Person or a beneficiary of rights determined herein shall acquire the right to a widow/widower pension or survivor's pension provided that the latter:

- - fulfilled the terms for the entitlement to an early retirement benefit, an old-age pension or a disability pension hereunder, whereby the death is construed in the same way as if a disability of category I had been established for the insured person, or
- - was the recipient of an early retirement benefit, an old-age pension or a disability pension arising from the Compulsory Insurance, or the beneficiary of rights arising from the Compulsory Insurance based on a disability (Article 52 of PDIA-2);

If an Insured Person or a beneficiary of rights died due to an occupational injury or an occupational disease, the beneficiaries shall acquire the right to a widow/widower's pension or a survivor's pension irrespective of the years of pensionable service completed by such person (Article 52 of PDIA-2).

Please summarise the rules concerning the computation of such qualifying period.

Insurance period (Article 130 of the PDIA-2):

The insurance period shall include the period covered by the compulsory insurance with full-time work or insurance.

The period covered by the compulsory insurance within which a disabled worker, who has the right to a partial benefit hereunder or the right to a salary compensation due to work on a part-time basis or partial disability pension pursuant to the previous Act (PDIA-1), and an Insured Person, who acquired the right to work on a part-time basis for the protection and care of their child pursuant to the regulations governing employment relationships applicable until 31 December 2002, was employed or insured on a part-time basis shall also be deemed as full-time work or insurance.

The insurance period shall also include the period covered by the compulsory insurance for work or insurance on a part-time basis, in a period corresponding to the total number of hours of such employment in a specific year and converted to full-time work or insurance.

The provisions of paragraphs mentioned shall also apply if working hours or insurance time are completed by work under two or more legal relationships constituting the grounds for the compulsory admission to insurance.

Years of pensionable service (Article 129 of PDIA-2)

The years of pensionable service determined as the prerequisite for the acquisition and enforcement of the rights arising from the compulsory insurance, shall include:

- the period covered by the compulsory insurance which is taken into account in the insurance period according to the provisions of the PDIA-2;
- the non-contributory period credited to the years of pensionable service of an insured person pursuant to the PDIA-2;
- the period covered by the compulsory insurance until the entry into force of the PDIA-2;
- the period credited to the years of pensionable service based on a final decision pursuant to the regulations on the Pension and Disability Insurance applicable until 31 December 2012;
- the period completed by 31 December 1999 which was credited to the years of pensionable service of citizens of the Republic of Slovenia pursuant to the previous Act (PDIA-1), unless determined otherwise herein or in a relevant treaty.

Please state whether recourse is had to paragraphs 1 and 2 or to paragraphs 3 or 4 of this Article.

In the case of Slovenia, the recourse is had to paragraphs 1 and 2 of this Article.

2. If recourse is had to paragraphs 1 and 2 the benefit the amount of which is shown under Article 62 should be the benefit granted during the time basis to a standard beneficiary whose breadwinner has completed 15 years of contribution or employment or 10 years of residence. Please state under this Article how the reduced benefit is calculated to which a standard beneficiary is entitled who has completed a qualifying period of five years of contributions or employment in respect of whose breadwinner half the yearly average number of contributions prescribed for title to full benefit has been paid, as the case may be.

A widow, a widower or other family members of a deceased insured person or a beneficiary of rights determined herein shall acquire the right to a widow/widower pension or survivor's pension provided that the latter:

- - fulfilled the terms for the entitlement to an early retirement benefit, an old-age pension or a disability pension hereunder, whereby the death is construed in the same way as if a disability of category I had been established for the Insured Person, or
- - was the recipient of an early retirement benefit, an old-age pension or a disability pension arising from the Compulsory Insurance, or the beneficiary of rights arising from the Compulsory Insurance based on a disability (Article 52 of PDIA-2).

Family pension is assessed on the basis of old-age or disability pension an insured person would have received at the time of his death, or on the basis of the pension a recipient was entitled to at the time of his death.

The base for the assessment of a widow/widower's pension or a survivor's pension shall be determined as follows:

- the pension to which the recipient had been entitled at the time of their death;

- the pension or its proportionate part assessed according to treaties to which the recipient had been entitled at the time of their death;
- the disability pension to which the insured person, the recipient of a partial pension and the beneficiary of the rights arising from the Compulsory Insurance based on the disability would have been entitled with regard to the cause of the death (Article 60 of PDIA-2).

The minimum amount of family pension is assessed according to the rules concerning assessment of disability pension (*illness or injury outside work*). The PDIA-2 lays down that in case of an insured person who became disabled prior to attainment of 65 years of age disability pension is assessed at **minimum amount of 36%** (males) or **39%** (females) of the pension rating base. However, if disability has occurred after completion of 65 years of age disability pension shall be assessed from the pension rating base at least in the amount specified for assessment of old-age pension for 15 years of insurance period (26 % for males and 29% for females) (Article 48 of PDIA-2).

3. /

4. /

Article 64

Please confirm that, in accordance with the provisions of this Article, survivors' benefit is granted throughout the contingency.

An insured person acquires a right under compulsory insurance (widow(er)'s pension or survivor's pension), on the day when the conditions for acquisition of this right have been fulfilled. The necessary condition for obtaining the right to a pension is the cessation of compulsory insurance. A recipient of the disability pension is entitled to a pension from the first day following the cessation of insurance ((Articles 108 and 109 of the PDIA-2).

Please indicate, with reference to Article 68 below, and more particularly to sub-paragraph (j), if any, for the suspension of the survivors' benefit under the scheme or schemes concerned.

Article 113 of the PDIA-2 lays down reasons for termination of the right to a widow/widower's or survivor's pension:

- A widow or widower shall lose or shall not acquire their right to a widow/widower's pension if they have entered into a new marriage before completing the age of 60 years (in the transitional period, this age is changing), unless the right was acquired or maintained due to their complete incapacity for work.
- Under the conditions stipulated before, a beneficiary who enters a cohabitation which, according to the act governing marriage and family relations, is equivalent to a marriage in terms of legal consequences shall also lose their right to a widow/widower's pension.

According to the Article 114 of the PDIA-2 the right to widow/widower's pension to a widow or a widower who has lost the right to a widow/widower's pension and did not acquire the right to a widow/widower's pension in respect of their deceased spouse from the new marriage shall be reinstated:

- if after the termination of the new marriage, they still have a child or several children from the first marriage who are entitled to a survivor's pension and who they are obliged to maintain; or

- if the conditions under which, given their age, they are entitled to a widow/widower's pension are fulfilled.

A family member is not able to acquire the right to a widow/widower's or a family pension or he/she loses this right if, by a legally binding decision, he/she has been convicted for a criminal wilful homicide of the insured person (Article 115 of the PDIA-2).

PART XII
COMMON PROVISIONS

Article 69

1. *Please state, for each Part accepted and for each scheme concerned, whether every claimant has a right of appeal in case of refusal of the benefit or complaint as to its quality or quantity, as stipulated in paragraph 1 of this Article. Please summarise the rules which apply in the case of an appeal.*

Health Insurance

For the procedure in which decisions are made on the rights deriving from compulsory health insurance, the *General Administrative Procedure Act* is applied (Official Gazette RS, no. 80/99, 70/00, 52/02, 73/04, 22/05-UPB1, 119/05, 24/06-UPB2, 105/06-ZUS-1, 126/07, 65/08, 47/09 Odl. US, 48/09 corr., 8/10, 82/13).

On the right to sickness benefit, refund of travelling expenses, acquisition, modification or forfeiture of the status of insured person, right to free choice of the doctor and other rights laid down by the HCHIA as well as other claims on the basis of compulsory health insurance the decision concerning a complaint is made:

- at the first stage - by regional units of the Health Insurance Institute of Slovenia,
- at the second stage - by special unit at the seat of the Institute (Article 84 of the HCHIA).

The legality of decisions with which state bodies, local authorities and statutory authorities rule on the rights or obligations and legal benefits of individuals and organisations may under the conditions set down by the *Administrative Dispute Act* (Official Gazette, no. 105/06, 107/09 – Odl. US, 62/10, 98/11 Odl. US, 109/12) be tested by means of an administrative dispute brought before the competent court (the administrative court).

Pension and Disability Insurance

For decision-making concerning the rights under compulsory pension and disability insurance, the provisions of the *General Administrative Procedure Act* shall apply unless otherwise provided for by the PDIA-2.

An insured person is entitled to file an appeal against the decision issued at the first instance. In the procedure for assertion of rights on the basis of disability, the right to appeal is also to be vested with the employer.

Decisions concerning the rights arising from insurance are made:

- at the first instance - by the unit of the Institute in the area of which an insured person asserting the right or a person whose right is being asserted, was last insured (the regional unit);
- at the appeal instance - by a special unit at the head office of the Institute (the unit at the head office of the Institute).

The decisions are issued by the Head of a competent office of the Institute.

Judicial protection of rights is provided by a competent court as provided for by law (Labour and Social Courts).

Unemployment Insurance

For decision-making concerning the rights under compulsory unemployment insurance, the provisions of the General Administrative Procedure Act apply.

An insured person is entitled to file an appeal against the decision issued at the first instance.
An insured person is entitled to file an appeal against the decision issued at the second instance before a competent court as provided for by law (Labour and Social Courts).

The rights stemming from unemployment insurance shall be provided in the ZUTD, and anyone may be informed with the conditions for the exercise of these rights, either directly through the access to the Act on the website (available online for free) or at the Ministry of Labour, Family and Social Affairs and Equal Opportunities (hereinafter referred to as the MOLFSA) or the Employment Service of the Republic of Slovenia (hereinafter referred to as the ESS) (directly with an expert or via the website).

Against decisions issued by the ESS, each party, in accordance with the Administrative Procedure Act, shall have the right of appeal to be lodged within 15 days of the service of the decision. The appeals shall be heard by MOLFSA as the second instance authority. The appeal proceedings for the party shall be free of charge. According to our information, Slovenian legislation does not provide any direct possibility of representation by trade unions or any other organisations in administrative procedures regarding the rights arising from employment contracts.

Against decisions of second instance, an appeal to the Labour and Social Court may be filed. In judicial proceedings, the parties may ask for free legal assistance under conditions defined in the Free Legal Aid Act.

Anyone who believes that their human rights or fundamental freedoms have been violated by the acts and actions of social insurance institutions may turn to the Human Rights Ombudsman. Such a procedure shall be regulated by the Human Rights Ombudsman Act.

In view of the above, a worker whose employment contract has been terminated on the above-mentioned grounds has several options to acquire information about the rights and obligations available in the event of termination of contract.

Parental Care Insurance

In cases where in exercising their public authorisations Centres for Social Work decide upon the rights, arising from Parental Care Insurance, they act according to the General Administrative Procedure Act unless the specific issues of the procedure are already regulated otherwise by the Parental Care and Family Benefits Act (Official Gazette RS, no. 26/2014, 90/2015, PCFBA-1) itself (Article 56 PCFBA-1).

The General Administrative Procedure Act (Official Gazette RS, no.24/06, 105/06, 126/07, 68/08, 8/10, 82/13)) stipulates that a party has the right to appeal against a decision handed down at the first instance (Article 229 GAPA). Parental Care and Family Benefits Act further stipulates that decisions on appeals against the decision of social care institutions shall be made by the Ministry of Labour, Family and Social Affairs and Equal Opportunities (Article 57 PCFBA-1).

The legality of final single acts with which state bodies, local authorities and statutory authorities rule on the rights or obligations and legal benefits of individuals and organisations

may under the conditions set down by the Administrative Disputes Act (Ur. l. RS, No. 50/97; 92/2005) can be tested by means of an administrative dispute brought before the competent court (the administrative court). The legality of final single acts in cases of rights, arising from Parental Care Insurance can be tested before the competent court (Social Court).

2. Please state whether recourse is had to paragraph 2 of this Article and, if so, what measures are taken to ensure that every person protected had the right to have a complaint concerning the refusal of medical care or the quality of the care received investigated by the appropriate authority.

In procedures for the implementation of rights arising from health insurance, authorised physicians act as executive bodies. An authorised physician:

- assesses temporary incapacity for work over 30 days;
- evaluates the opinion of the authorized physician on temporary incapacity for work up to 30 days at the demand of the insurer, employer or institute;
- prescribes medical spa treatment;
- evaluates the justice of requests for orthopaedic aids before the expiry of a regular period and on the right to more demanding orthopaedic aids;
- evaluates entitlement to medical treatment abroad (Article 81 of the HCHIA).

The insured person and the employer have the right to complain against the opinion of the authorized physician. The opinion of the authorized physician is evaluated by the health commission nominated by the management board of the Health Insurance Institute of Slovenia. The health commission is comprised of two physicians and one lawyer. The commission's decision is final and further complaint against it does not preclude its execution (Article 82 of the HCHIA).

Article 70

1. Please state, for each Part accepted, the resources for each scheme concerned, and, more particularly, the rate and the amount of the contributions raised on earnings for the purpose of financing scheme, either by way of insurance contributions or of taxes.

Part II: Medical Care

Financing principle: contributions + taxes

Contribution based: *Health Insurance*.

The calculation, payment and level of contributions for compulsory health insurance are governed by the *Social Security Contributions Act* (SSCA).

Contributions for compulsory health insurance (*benefits in kind* and *cash benefits*) are paid at the following rates:

- insured employed persons at a rate of 6,36% of the basis for sickness and injuries outside work;
- employers at a rate of 6,56% of the basis for sickness and injuries outside work;
- employers at a rate of 0,53% of the basis for employment injury and occupational disease;
- self-employed at a rate 13,45% of the basis for sickness and injuries outside work and employment injury and occupational disease;
- farmers (those engaged in agricultural activity as their sole or principal occupation) at the rate 18,78%.⁵²

⁵² <http://www.zzs.si/zzs/internet/zzs.nsf/o/7F079796008EE60EC1256D3A00460146>

The basis for the payment of contributions is the gross salary or gross salary compensation for the period of absence from work. In case of self-employed and farmers the basis is insurance pension base.

Part III: Sickness Benefit

Financing principle: contributions.

Contribution based: *Health Insurance*.

See above: Part II – Medical Care.

Part IV: Unemployment Benefit

Financing principle: contributions and state subsidy.

Contribution based: *Insurance in case of unemployment (Unemployment insurance)*.

The calculation, payment and level of contributions for employment are governed by the *Social Security Contributions Act (SSCA)*.

Contributions for employment are paid at the following rates:

- insured persons at a rate of 0.14% of the basis, and
- employers at a rate of 0.06% of the basis.

The base for the payment of contributions is the gross salary or gross salary compensation for the period of absence from work.⁵³

Part V: Old-age Benefit

Financing principle: contributions and monthly state guarantee.

Contribution based: *Pension and Disability Insurance*.

The calculation, payment and level of contributions for pension and disability insurance are governed by the *Social Security Contributions Act (SSCA)*.

Contributions for pension insurance are paid at the following rates:

- insured persons at a rate of 15.50% of the basis;
- employers at a rate of 8.85% of the basis;
- self-employed at a rate 24.35% of the basis;
- farmers (those engaged in agricultural activity as their sole or principal occupation) at the rate 15.50%.

⁵³ Article 135 of the ZUTD (**Basis for the payment of contributions**)

(1) Contributions shall be determined according to the basis for the payment of contributions, which is the same as the basis for the payment of contributions applied for the payment of contributions for compulsory pension and disability insurance by insured persons referred in Article 54 of this Act.

(2) The basis for the payment of contributions by insured persons referred to in Article 57 of this Act who voluntarily participate in compulsory unemployment insurance is the same as the basis for the payment of contributions for compulsory pension and disability insurance, however, when there is no such basis, the basis should be the average gross wage in the Republic of Slovenia in the penultimate month before the month the contributions are paid for.

The basis for the payment of contributions is the gross salary or gross salary compensation for the period of absence from work. In case of self-employed and farmers the basis is insurance base for pension and disability insurance.

Part VI: Employment Injury Benefit

Financing principle: contributions and monthly state guarantee.

Contribution based:

- long-term incapacity for work – *Pension and Disability Insurance* (see Part V: Old-age Benefit);
- temporary incapacity for work – *Health insurance* (see Part II: Medical Care).

The calculation, payment and level of contributions for employment injuries and occupational diseases are governed by the *Social Security Contributions Act (SSCA)*.

In addition to contributions for health insurance, following categories are paying contributions for employment injuries and occupational diseases at rates as follows:

- employers at a rate of 0.53% of gross wage;
- self-employed at a rate 0.53% of gross wage;
- farmers (those engaged in agricultural activity as their sole or principal occupation) at the rate 0.53% of gross wage.

Part VII: Family Benefit

Financing principle: paid from the state budget.

Part VIII: Maternity Benefit

Financing principle: contributions and state subsidy.

Contribution based: *Parental Care Insurance*.

The calculation, payment and level of contributions for parental care insurance are governed by the *Social Security Contributions Act (SSCA)*.

Contributions for parental care insurance are paid at the following rates:

- insured persons at a rate of 0.10% of the basis;
- employers at a rate of 0.10% of the basis;
- self-employed at a rate 0.20% of the basis;
- farmers (those engaged in agricultural activity as their sole or principal occupation) at the rate 0.20%.

The basis for the payment of contributions is the gross salary or gross salary compensation for the period of absence from work. In case of self-employed and farmers the basis is insurance pension base.

Part IX: Invalidity Benefit

Financing principle: contributions and monthly state guarantee.

Contribution based: *Pension and Disability Insurance*.

See above: Part V – Old-age Benefit.

Part X: Survivors' Benefit

Financing principle: contributions and monthly state guarantee.

Contribution based: *Pension and Disability Insurance.*

See above: Part V – Old-age Benefit.

2. If the obligations of part VI relating to employment injury benefit have been accepted, please state whether such benefit is granted under a special branch.

The employment injury benefit (long-term incapacity: *disability pension*) is granted under the pension and disability scheme (*compulsory pension and disability insurance*).

Short-term incapacity benefits are granted under the compulsory health care insurance.

3. Please furnish, in accordance with the provisions of Article 74 paragraph 1 (b) the following statistical information for each of Parts in respect of which the obligations of the Code have been accepted.

Parts to which ratification applies	Resources allocated to the protection of employees, their wives and their children* (A) (in mio EUR, data 2013)	Insurance contributions borne by the employees protected** (B) (in mio EUR, 2013)
PART II	2.709	815,9
PART III	349,5 ⁵⁴	Data included in Health care
PART IV	303	15,4
PART V	3.710	1.798,91
PART VI	Data included in Old age/Invalidity	Data included in Old age
PART VII	Data included in Maternity	Data included in Maternity
PART VIII	703	10,2
PART IX	554	Data included in Old age
PART X	587	Data included in Old age
Total	8.566	2640,4

* Source: ESSPROS statistics, available at link (SI-STAT database):

http://pxweb.stat.si/pxweb/Database/Dem_soc/12_socialna_zascita/01_12622_izdatki/01_12622_izdatki.asp

** Source: Ministry of finance (on cash basis)

4. Total in column B per cent of total in column A, above.

⁵⁴ The expenditure of EUR 349.5 mio includes sickness benefits that are paid by the employer and the Health Insurance Institute (ZZZS) as follows:

- Employer = EUR 172.1 million

- the ZZZS = EUR 177.3 million

The above amounts are shown in gross value without social contributions.

$$\Sigma B / \Sigma A = 2.640,4 / 8.566 = 0,31 = 31 \%$$

5. Please state to what extent responsibility has been assumed by the member for the provisions of benefits.

In the case of occurrence of the deficit, the latter is financed from the state budget.

6. Please indicate the principal changes that have been made during the period covered by the report as regards:

- i. *benefit;*
- ii. *rates and contribution;*
- iii. *other resources.*

- **The new Pension and Disability Insurance Act (PDIA-2)**

On 4 December 2012, the National Assembly of the Republic of Slovenia enacted the new Pension and Disability Insurance Act (PDIA-2), which has entered into force on 1 January 2013. Presented herein are some of the important solutions the Act provides for insured persons and pensioners.

Old-age retirement

The right to an old-age pension depends on the age of the insured person and the pension qualifying period, the two parameters which must be met cumulatively in order for the person to be able to retire due to old age. Subject to PDIA -2, the conditions for acquiring an old-age pension will be equalised for men and women, which is reasonable due to the longer lifespan of women and the consequent longer pension receipt span, as well as the necessity to equalise the sexes formally. The different conditions for retirement which were in force for women were contributing to lower pensions for women due to the shorter pension qualifying period.

The retirement age will therefore be raised to 65 for both sexes, and an individual will qualify for an old-age pension if he/she meets the condition of at least 15 years of insurance contributions.

To take various pension qualifying periods into consideration, Article 27 of the PDIA-2 also provides for transitional periods with regard to old-age retirement, some of which will not expire until 2020.

The fourth paragraph of Article 27 of PDIA-2 allows the workers in labour-intensive sectors with a long pension qualifying period to acquire the right to old-age pension at a lower age, counterbalancing it with a longer pension qualifying period. These persons may therefore retire at 60 years if they reach 40 years of pension qualifying period without a purchased period included⁵⁵. Old-age retirement without deductions is therefore available only to those insured persons who reach 40 years of the pension qualifying period without a purchased period, because such persons acquire the right to old-age pension and not early pension. The Act also provides for a transitional period in which the age as determined by the legislation currently in force (58 years) will gradually increase to 60 years for both sexes and a transitional period for

⁵⁵ A pension qualifying period without a purchased period includes periods of compulsory inclusion in compulsory pension and disability insurance and periods of agricultural activity, but without a purchased pension qualifying period. The above-mentioned is therefore a very restrictive condition, because the pension qualifying period without purchased period includes only actual employment and the periods for which contributions were paid with regard to maternity and unemployment.

women in which the pension qualifying period without a purchased period as determined by the previous PDIA-1 (38 years) will gradually increase to 40 years.

It is also possible to lower the retirement age for old-age pension due to children, compulsory military service or inclusion in the insurance scheme before the age of 18, but only in exceptional circumstances.

Early retirement

The new legislation also provides for early retirement before the prescribed age of 65. An insured person may therefore acquire the right to early pension at the age of 60, provided that they attain at least 40 years of the pension qualifying period. However, it must be emphasised that due to the renewed system of permanent deductions, early retirement will affect the amount of pension received. A pension, with regard to the pension qualifying period achieved will be lowered by 0.3% for each month of the difference in meeting the conditions for old-age retirement.

Partial retirement

Insured persons have the right to a partial retirement which is also given to the self-employed, farmers and partners. In December 2015 an Act amending Pension and Disability Insurance Act (PDIA-2B) was adopted which gave a greater flexibility to a partial retirement, with the possibility to keep the activity for 25% and receive partial pension in the amount of 75% of the pension he/she would otherwise receive. In addition to part of the wage, the insured persons also receive a partial pension – in a percentage corresponding to the reduction in working time – which is increased by 5% until the age of 65.

PDIA-2B was adopted with the aim to promote longer working life and to postpone retirement. A new regulation also broadens the institute of payment of 20 per cent of the early or old age pension to a person who fulfilled conditions for retirement but still continues to work.

Institute of paying 20 per cent of the pension extends to both:

- 1.) insured persons who fulfil the conditions for retirement or early retirement under the new law, and
- 2.) insured persons who retired under the old law.

Payment of a part of the pension (20%) is no longer confined to the attainment of the age of 65 years. 20% of an early or old age pension is paid until the termination of the compulsory insurance or a full-time insurance.

Pension rating base

In order to calculate the pension base for an old-age pension or an early pension, the new legislation takes into account the period of 24 consecutive years of insurance from 1 January 1970 onwards, which are the most favourable for the insured person. During the transitional period, the calculation period for determining a pension base will be extended by 1 year each year, starting with 19 years in 2013, 20 years in 2014, and only in 2018 will a person who wishes to retire have his/her pension calculated on the basis of the 24 most favourable consecutive years.

A new method for determining an indexation quotient is provided. The Act provides for a new pension assessment, namely with regard to “pure net” assessment percentages. The pension of an insured person with 40 years of pension qualifying period will therefore amount to 57.25% of the pension base (for men) and 60.25% of the pension base (for women).

Due to the gradual increase in the required pension qualifying period for insured women from 38 years (as per PDIA-1) to 40 years (as per PDIA-2), and in order to maintain the pension values for insured women comparable to those as per PDIA-1, a special pension assessment

method is provided for those women who reach the required pension qualifying period between the years 2013 and 2022, as follows:

- a) from 1 January 2013 to 31 December 2016, 64.25% for 40 years
- b) from 1 January 2017 to 31 December 2019, 63.5 % for 40 years
- c) from 01 January 2020 to 31 December 2022, 61.5 % for 40 years

Also, the higher assessment percentage will enter into force immediately upon enactment of the changes, while the calculation period will gradually increase from the current 18 years to 24 years.

Bonuses for prolonged activity and deductions for early retirement

Subject to the new legislation, bonuses are provided as an incentive to individuals to continue working even after they have met the minimum conditions for early or old-age retirement:

- PDIA-2 provides for a new bonus for each 3 months of work after a person has met the age conditions as determined by the fourth paragraph of Article 27 (60 years of age and 40 years of pension qualifying period without a purchased period) or the fifth paragraph of Article 27 (transition) in the amount of 1%. The maximum bonus for working 3 years after the conditions are met will therefore be 12%.
- The new PDIA-2 thus stimulates people to continue working. An insured person who meets the conditions for acquiring the right to an early or old-age pension and remains insured to the same extent he/she receives monthly payments of 20% of the early or old-age pension to which he/she is entitled on the day of meeting the conditions, until the insurance is terminated or a partial pension is claimed.
- If a person takes partial retirement (retirement for 1 to 6 hours, work for 2 to 7 hours), which the new legislation also extends to the self-employed, farmers and company members, an individual is entitled to a partial pension augmented by 5%, in addition to a proportional salary (subject to the number of working hours).

Pension indexation: 60% with regard to the increase in average gross salary and 40% with regard to the average increase in the cost of living

The annual pension indexation is performed with the payment of pensions for the month of February of the current year. Pensions are indexed to 60% of the increase in the average gross salary paid in the period of January-December of the previous year in comparison with the average gross salary paid in the same period one year prior to that, and to 40% of the average increase in the cost of living in the period of January-December of the previous year in comparison with the same period one year prior to that. The pension indexation may not fall below half of the determined increase in the cost of living.

Stimulations for employment of older and younger workers, mothers with children and self-employed persons

The new legislation provides for stimulations of certain employers to employ older and younger workers and mothers with children up to three years of age and for stimulations for self-employed persons, who are registered into Business Register for the first time.

Self-employed persons shall be exempt from paying the Insured Person's contribution and Employer's contribution in the amount of 50% of the contribution charged from the insurance rating base for the first 12 months of operation after the first entry into the Business Register, or another register or records. In the next 12 months these persons shall be exempt from paying the Insured Person's contribution and Employer's contribution in the amount of 30% of the contribution charged from the insurance rating base.

According to the PDIA-2 employers may also claim the repayment of 50% of the Employer's contributions for the first year and 30% of the Employer's contributions for the second year for

the insured persons who have yet to complete 26 years of age and mothers caring for a child up to three years of age when such insured persons obtain permanent employment for the first time and maintain their employment with the same employer for at least two years without interruption.

Incentives are provided in the way of partial exemption from the payment of Employer's contributions for *older employees* (30% reduction) and for *insured persons who fulfil the condition regarding the age for the entitlement to an early-retirement benefit* (50% reduction). Notwithstanding the foregoing, the provision of Article 3 of the Intervention Measures for the Labour Market Act (ZIUPTD) is applied for older workers from 1 January 2016 to 31 December 2017. According to this provision, employers are exempt from paying employer's social contributions for the first 24 months of employment if they conclude an employment contract with an unemployed person, older than 55 years and registered in the register of unemployed persons for at least six months before the conclusion of the employment contract. Notwithstanding the non-payment of employer's contributions, a person is entitled to the same scope of rights from social insurance as if the contributions were paid.

- **The Labour Market Regulation Act (LMRA – Official Gazette RS, no. 80/10 - ZUTD)**

LMRA has entered into force on 1 January 2011 and has replaced the Employment and Insurance in Case of Unemployment Act.

Main targets of the LMRA:

- Increasing the security of persons who lost their employment – contribution to the concept of labour market “flexicurity”,
- Increasing the effectiveness and efficiency of active employment policy measures,
- Decreasing administrative burdens for companies and persons on the labour market,
- Increasing control over institutions in the labour market.

Direct effects of the mentioned targets enabled by the LMRA include:

- Extending the group of persons eligible to unemployment cash benefit, increase of the minimum sum of the cash benefit and the average value of paid cash benefit, enabling partial unemployment and inclusion of unemployed persons also in other forms of work,
- Introduction of new active employment policy (AEP) measures (such as job rotation and job sharing), introduction of new operators and measures, expanding career guidance as the first step on the path to employment, inclusion of social partners at the local level and systematic follow up and evaluation of the AEP,
- Abolishment of unnecessary administrative burdens for companies and persons seeking employment and introduction of modern work services.

MAIN SOLUTIONS IN THE DOMAIN OF INSURANCE IN CASE OF UNEMPLOYMENT AND RIGHTS DERIVED FROM INSURANCE

- Extending the number of compulsory insured persons and persons who may conclude voluntary insurance for the case of unemployment and consequently increasing the number of persons eligible to unemployment cash benefit (especially the young with little work experience will be more often eligible to cash benefit, which increases their social security, as, according to the LMRA, 9 months of employment within the last 24 months are required to be eligible to cash benefit, while in compliance with the EIAUA-1 (ZZZPB-1), 12 months within the last 18 months were required);
- Increasing the lowest and the highest amount of unemployment cash benefit;

- Increasing the amount of unemployment cash benefit during the first three months of receiving the benefit (80% instead of 70% of the basis as it was until now);
- The period to determine the basis for cash benefit is shortened to 8 months (previously 12);
- Introducing an option which will enable unemployed persons, while retaining the right to cash benefit in the unchanged amount, to perform a limited scope of work (up to 200 EUR a month) and thus stay in contact with the labour market;
- Introducing the institute of partial unemployment when accepting employment, so that the right to the proportional part of cash benefit is retained.

LMRA 2013:

- lowered the maximum amount of cash benefit from 1.050,00 EUR (gross) to 892,50 EUR (gross),
- lowered the percentage of the assessment basis after 12 months of receiving UB from 60 to 50 %;
- an unemployed person, when at the age of less than 30 years, can acquire the rights from the unemployment insurance when, prior to unemployment, the insurance lasted at least six months in the last 24 months. An unemployed person may claim the right to the unemployment benefit for a period of two months).

Carriers of the measures and control

The Employment Service of the RS as the central institution in the labour market continues to be responsible to carry out the public service (i.e. services in the labour market), while the Ministry of Labour, Family and Social Affairs may grant concessions to carry out services in the labour market also to other agencies.

The LMRA establishes also stricter financial and expert control over operation of institutions in the labour market and introduces a systematic approach to reporting, follow up and evaluation of measures and thus to more efficient and economical use of public funds. In future, control of unemployed persons will continue to be carried out by the Employment Service of the RS.

- The Parental Protection and Family Benefits Act

The Parental Protection and Family Benefits Act regulates insurance for parental protection and the rights arising from it, family benefits, conditions and procedure for exercising individual rights, and other issues concerning the implementation of this Act.

LEAVE:

- maternity leave (105 days)
- paternity leave (70 days; the father receives benefit for 20 days, for the remaining 50 days the Republic of Slovenia pays social security contributions based on the minimum wage)
- Parental leave (260 days)

Maternity leave

The mother starts maternity leave 28 days before the anticipated date of birth, which is specified by a gynaecologist. If the mother does not start maternity leave at that time, the unused part of maternity leave may not be used after the child's birth, unless the birth was premature.

Maternity leave lasts 105 days and must be used in a single block of time in the form of complete absence from work.

The father has the right to maternity leave in exceptional cases.

Paternal leave

Paternal leave is intended for fathers to be able share with the mother the child's care and protection during the child's most sensitive period. This right is not transferable. Paternal leave lasts 70 days. The father must use the paternal leave:

- lasting at least 15 days in the form of full or part absence from work up until the age of the child of six/in some cases 12 months. The father receives wage compensation for these 15 days
- lasting 50 days (in 2017 lasting 25 days and in 2018 is only paid leave) in the form of complete absence from work up until the child is 3 years of age without wage compensation, the state pays all the social contributions.
- lasting at least 5 days (in 2017 at least 10 days and in 2018 at least 15 days) in the form of full or part absence from work after the parental leave until child finishes the first grade of elementary school. The father receives wage compensation for these 5 days

Parental leave

Each parent has the right to 130 days of parental leave (together 260 days). Mother can transfer to a father 100 days of parental leave and a father can transfer to a mother 130 days of parental leave. Parental leave follows immediately after maternity leave and is intended for the further care and protection of the child. Parental leave shall be used in a continuous series in the form of full or partial absence from work.

In exceptional cases, parental leave may also last longer.

Part of the parental leave of children lasting a maximum of 75 days may be transferred and used up until the child finishes the first grade of elementary school.

Adoptive parents have the right to parental leave, under same conditions as biological parents.

COMPENSATION

- maternity benefit
- paternal benefit
- parental benefit

Persons who have the right to leave and prior to the day of starting parental leave were insured for parental protection have the right to benefit. The insured persons shall be entitled to:

1. the right to maternity benefit during maternity leave;
2. the right to paternity benefit during paternity leave in the duration of 20 days, while the Republic of Slovenia shall ensure the father the payment of social security contributions from the minimum wage for the duration of 50 days;
3. the right to parental benefit during parental leave;

The basis for individual type of parental benefit shall be the average basis from which the contributions for parental protection had been calculated during the past twelve months before the first application for parental leave had been submitted.

Limitation: the minimum compensation is 323 EUR gross, the maximum 2.862 EUR gross. The maternity leave is 100% of the basis, the paternal and parental benefit is temporary 90% of the basis.

RIGHTS ARISING FROM THE ENTITLEMENT TO WORK SHORTER HOURS

The right to part-time work is held by one of the parents who is caring for and protecting a child up to three years of age.

One of the parents, who cares for and protects two or more children, may exercise the right to part-time work until the youngest child has completed the first grade of elementary school. One year is non-transferable for each parent.

One of the parents who cares for and protects a child with a moderate or severe motor handicap or moderate to severe mentally handicapped child, may extend the right until the child is 18 years of age. This right may be extended on the basis of the opinion of a medical commission.

Part time work must involve at least half of working obligations (20 hours a week). The right and the method of use are agreed between the employer and employee by a contract.

The right to payment of social security contributions is the right of a person exercising the right to part-time work. The employer pays the contributions according to actual working duties, and the Republic of Slovenia guarantees payment of social security contributions up until full working time.

COMPENSATION DURING BREAK FOR NURSING MOTHERS

The mother has the right to compensation during break for nursing (for one hour a day) until child reaches 9 months.

The mother has the right to payment of social security contributions during break for nursing (for one hour a day) for a child from 9-18 months.

- **Social Security and reduction of poverty**

The rights from public funds

During the initial phase of the crisis up until 2012, the generosity of social benefits was increased; subsequent increases were moderated by the 2012 Fiscal Balance Act, which made limited adjustments in social transfers contingent on economic growth surpassing a threshold growth rate. Because economic growth in 2015 exceeded the 2.5% threshold, the level of benefits in 2016 have been adjusted considerably. In addition, enforcement of social benefit eligibility has been strengthened since 2012.

1. Financial Social Assistance

Persons are entitled to **Financial Social Assistance** if they are not able to assure their own physical safety as a result of circumstances which they are unable to change. Financial Social Assistance is intended to provide resources so that minimum living requirements are met. Those entitled to Financial Social Assistance are persons who:

- are not able to ensure their own survival (from work, right to work or insurance, etc.);

- are unable to assure means for the minimal income for themselves and their family for reasons which they are unable to change.

The amount of social assistance depends on the income, number of family members, property, savings, care entitlement and possible existence of fault-based grounds.

The level of Financial Social Assistance is linked to the Basic Minimum Income (osnovni minimalni dohodek) determined by and adjusted in accordance with the Social protection benefits act. The amount of Financial Social Assistance and Supplementary Allowance is therefore adjusted in parallel with adjustments of the Basic Minimum Income. The Social protection benefits act defined the Basic Minimum Income at the level of EUR 288.81. That was to be adjusted according to the legislation regulating adjustments of transfers to individuals and households, according to the Act regulating adjustments of transfers to individuals and households in the Republic of Slovenia ((OJ) RS, 114/06). However, before the implementation of the Social protection benefits act started, the basic minimum income was lowered to EUR 260.00 by the Additional 2012 Intervention Measures Act ((OJ) RS, 110/11 - Zakon o dodatnih interventnih ukrepih za leto 2012) and later on by Fiscal Balance Act ((OJ) RS, 40/12 - Zakon za uravnoteženje javnih financ) that prolonged the basic minimum income amount of EUR 260.00 until the end of 2014. The amount of Basic Minimum Income from February the 1st 2013 on is EUR 261.65 (from January 2012 to February 2013 it was EUR 260.00). With the implementation of Act amending the Social protection benefits act (Zakon o spremembah Zakona socialno varstvenih prejemkih (OJ) RS, 99/13) the basic minimum income amount was set at EUR 265.22 and prolonged until and including the year, which will follow the year in which economic growth exceeds 2% of the GDP. Indexation was not suspended therefore the BMI again increased from the 1st of August 2014 to EUR 269.20 and from 1st of August 2015 to EUR 270,82. With the adoption of the Act amending the Social protection benefits act (Zakon o spremembah Zakona socialno varstvenih prejemkih (OJ) RS, 90/15) the BMI was set at EUR 288,81 and implemented in January 2016.

With the adoption of the **Act amending the Social protection benefits act (Zakon o spremembah Zakona socialno varstvenih prejemkih (OJ) RS, 90/15)** which entered into force in November 2015 and was implemented in January 2016, families are entitled to Financial Social Assistance, if their total monthly income doesn't exceed the following thresholds:

- first adult, or a single person or an adult who is in institutional care: 100% of the BMI = 288,81 EUR,
- first adult, or a single person who is economically active in the range of 60 to 128 hours per month: 128% of the BMI = 349,67 EUR,
- first adult, or a single person who is economically active in a range of more than 128 hours per month: 156% of the BMI = 450,54 EUR,
- a single person between the age of 18 and 26, registered with the Employment Service with a permanent residence at the same address as his/her parents or actually residing with them, providing that the parents have means for living: 70% of the BMI = EUR 202,16,
- a single person who is permanently unemployable or permanently incapable of work or who is older than 63 years (women) or 65 years (men) and who has his/her registered residence at the same address as a person who is not a family member as defined by this law and has his own sufficient means of subsistence or is actually residing with him/her: 76% of the BMI = EUR 219,50,
- every next adult person: 57% of the BMI = EUR 164,62,
- every next adult person economically active in a range of more than 128 hours per month: 85% of the BMI = EUR 245,48,
- every next adult person who is economically active in the range of 60 to 128 hours per month: 71% of the BMI = EUR 205,05,

- first, oldest child: 76% of the BMI = EUR 219,50,
- every next child: 66% of the BMI = EUR 109,61,
- increase for each child in a single-parent family if no subsistence benefits for child support are received: 20% of the BMI = EUR 57,76.

The monthly amount of Financial Social Assistance is therefore defined as the difference between corresponding thresholds and total income of an individual or family, according to the above mentioned rules.

2. Supplementary Allowance

Persons are entitled to **Supplementary Allowance** if they are not able to assure their own physical safety as a result of circumstances which they are unable to change. Supplementary Allowance is intended to cover long-term living expenses (accommodation expenses etc.) and is not expenses for meeting minimum living requirements.

Those entitled to Supplementary Allowance are persons:

- who are permanently unemployable or permanently unable to work or women over 63 or men over 65;
- who are entitled or could be entitled to social assistance;
- for whom income does not exceed the threshold for income support (EUR 470,76).

The amount of Supplementary Allowance is defined on the basis of the same measures which are valid for assessing entitlement to social assistance and must not exceed the amount of minimum income of a single person or family.

With the adoption of the Act amending the Social protection benefits act (Zakon o spremembah Zakona socialno varstvenih prejemkih (OJ) RS, 90/15) which entered into force in November 2015 and was implemented in January 2016, the amount of Supplementary Allowance is calculated according to the BMI for each family member based on the same determining factors as Financial Social Assistance. The amount for a single person or first person in the family is fixed as 63% of the BMI (EUR 181,95). For every other person in the family fulfilling the conditions the amount is 34% of the BMI (EUR 98,19). For a single person, which is permanently unemployable or permanently unfit for work or unemployed and older than 63 years for women and 65 years for men, which has a registered permanent or temporary residence at the same address as those persons who are not family members and have sufficient means of subsistence, or is actually residing with them. the amount is 69% of the BMI (EUR 199,28).

3. With the adoption of the Act amending the Act on exercising the rights from public funds (Zakon o spremembi Zakona o uveljavljanju pravic iz javnih sredstev (OJ) RS, 57/15) which was implemented in January 2016, Slovenia introduced a 70 % **subsidy lunches** for students from families that are classified in other income bracket and those in the third income bracket, who are now entitled to a 40 % subsidy for lunch.

4. With the adoption of the Act amending the Act on exercising the rights from public funds (Zakon o spremembi in dopolnitvah Zakona o uveljavljanju pravic iz javnih sredstev (OJ) RS, 90/15) which entered into force in November 2015 and was implemented in January 2016, **Slovenia partially abolished austerity measures**. The amounts of child benefit in the fifth and sixth income bracket were increased by 10 %, to the level prior to the implementation of

austerity measures. The state scholarships are now eligible for even those with an average monthly income of up to 56 % per family member.

5. In June 2016 **Slovenia has abolished the unconstitutionality of the market rent subsidy** which was established in April 2015 with the adoption of the Act Regulating Measures Aimed at Fiscal Balance of Municipalities (Zakon o ukrepih za uravnoteženje javnih financ občin (OJ) RS, 14/15). Beneficiaries of grants in the market and caretaking homes that meet income and other requirements for obtaining a non-profit housing, are now granted a subsidy to recognized non-profit rents in the manner as provided for subsidies non-profit rents.

Measures to reduce poverty - in addition to the measures at hand transfers

1. Social activation - in the next period Slovenia will take an active approach to solving social situation especially of those categories of persons who are furthest from the labor market (long-term recipients of social assistance and long-term unemployed, who are of working age and are likely to continue to be employed, but there are not yet available effective programs that would be aimed at the approximation of the labor market). Slovenia will therefore put in place effective programs for social activation of unemployed beneficiaries and strengthen the field of social entrepreneurship.

2. Slovenia is in process of preparing the legal basis for **an informative calculation of potential recipients** of allowances from public funds. With the new solution the administrative burden on centers for social work will be reduced. The centers for social work will issue a decision about the calculation of the material situation of the family of the recipient, which will be the basis for the acquisition of certain rights. This will allow easier access to the range of rights that can be paid to the individual or family. The introduction of informative calculation is expected by the end of 2017.

3. The **social work centers are in the process of reorganization**, the purpose of which is to strengthen the direct work of users / beneficiaries, with emphasis on the active elimination of the reasons for the need for social transfers, notably through comprehensive treatment and active preventive measures and social activation. In doing so, it seeks to ensure a greater coherence among all relevant actors, especially the Employment Service of Slovenia, local communities and employers. The first step towards a reorganization of social work centers, is the introduction of informative calculation. The reorganization process is expected to end by the end of 2017.

4. With the adoption of the **Act amending the Social Security Act** (Zakon o spremembah in dopolnitvah Zakona o socialnem varstvu (OJ) RS, 39/16) which entered into force in June 2016 and is to be partially implemented in September 2016, social security programs will get a guaranteed source of funding through appropriations. In recent years Slovenia, co-financed 130 programs (12 million EUR per year), which involve over 200,000 users.

5. To many recipients of social transfers **banks charged the compensation** for the enforcement of decisions on enforcement and in this way collected the funds intended for their basic costs to survive, therefore in July 2015 Slovenia amended the Claim Enforcement and Security Act, so that now the recipients of financial social assistance, supplementary allowance, child allowance, etc., receive the whole social transfers.

7. Please state whether the necessary actuarial studies and calculations concerning the financial equilibrium are made periodically. Where this has not already been done, please forward the results of any such studies and calculations.

Actuarial studies and calculations concerning the financial equilibrium are made periodically.

Article 71

Please state whether the persons protected participate in management of the scheme or schemes concerned, or whether their representatives are associated therewith. If so, please state how participation or association is secured.

Health Insurance Institute of Slovenia

In accordance with the Health Care and Health Insurance Act the provider of compulsory health insurance is the Health Insurance Institute of Slovenia, while voluntary health insurance is provided by individual insurance companies (Article 12 of the HCHIA).

The functioning of the Health Insurance Institute of Slovenia is regulated in detail by the Statute of the Health Insurance Institute of Slovenia (Official Gazette RS, no. 87/01, 1/02 corr.).

The provision of compulsory health insurance is a public service performed by the Health Insurance Institute of Slovenia as a public institute (Article 69 of the HCHIA).

The Institute conducts its business through its 10 regional units and 45 branch offices. Each regional unit supplies services in a designated area. Within each regional unit, a network of branch offices supplies individual communities. To supply the fields of information processing, autonomous functional unit (Information Centre) have been set up. Such an operation network ensures the highest possible level of accessibility of services to the insured persons (<http://www.zzzs.si/>, 6. 7. 2016).

The bodies of the Institute are:

- the Assembly,
- the Executive Board;
- the Director General;

In the areas of regional units there are also regional councils (Article 11 of the Statute).

The activities of the HIIS are administered by the Assembly, which performs the following tasks:

- adopts the statute of the Institute,
- adopts general acts for the provision of health insurance,
- determines the financial plan and passes the Institute's final account,
- performs other tasks determined by the law and its statute.

The Government of the Republic of Slovenia gives its consent to the statute, the financial plan and the final account of the Institute (Article 70 of the HCHIA).

The assembly comprises 45 members, of which (Article 14 of the Statute):

- 20 members are representatives of employers, and
- 25 members are representatives of insurance holders.

The members of the assembly are elected or appointed as follows (Article 14 of the Statute):

1. sixteen members representing employers are elected by organisations and employers organised in the chamber of commerce and other employer associations organised for the territory of the whole country,
2. four members representing employers for the area of state administration and non-commercial public services are appointed by the Government of the Republic of Slovenia,
3. fifteen members representing active insurance holders are elected by unions with a specific interest, and representative for the whole country in terms of their membership numbers,
4. one member representing farmers performing farming activities as their sole or main occupation are elected by organisations from the farming sector, organised for the territory of the whole country,
5. seven members representing pensioners are elected by pensioner organisations organised for the territory of the whole country,
6. two representatives of the disabled are elected by disabled organisations organised for the territory of the whole country.

The term of office of assembly members is four years (Article 16 of the Statute).

The executive body of the assembly is the Institute Executive Board (Article 21 of the Statute).

The Executive Board has 11 members. The chair, deputy chair and members of the Executive Board are appointed by the assembly from among its own members and the professional staff of the Institute, with the chair of the Executive Board being appointed by the assembly from among its members who have not been elected president of the assembly. Representatives of employers are represented by four members, of which one employer representative is from the area of state administration and non-commercial public services. Insurance holder representatives are represented by five members, of which two are from unions representative for the territory of the whole country, one represents farmers, one pensioners and one the disabled. Institute staff is represented by two representatives, who are proposed by staff from among the professional employees. At least one of the staff representatives must be from the regional branch of the Institute. The term of office of the Executive Board is four years (Article 23 of the Statute).

The body responsible for conducting the business of the Institute is the Director General of the Institute. The Director General is responsible for the professionalism and legality of the Institute's work, and is answerable for his or her own work and the work of the Institute to the assembly (Article 28 of the Statute). After carrying out the public tender proposed by the Board of Directors, the Director General is appointed by the Assembly for a four-year period.

Pension and Disability Insurance Institute of Slovenia

The implementer and provider of compulsory pension and disability insurance is the *Pension and Disability Insurance Institute of Slovenia*, which has the status of a public institute (Article 9 of the PDIA-2). The operation and organisation of the Institute are governed by the *Statute of the Pension and Disability Insurance Institute of Slovenia* (Official gazette RS, no. 52/2014).

The Institute provides compulsory pensions and disability insurance, and performs such other tasks as:

- resolution of requests for the exercise and protection of rights from pensions and disability insurance,
- payment of pensions and other financial dues,
- implementation of insurance under international conventions,

- performance of the functions of the body for communication with providers of pensions and disability insurance in other countries,
- maintenance of official records,
- preparation of expert opinions in connection with disability,
- management and efficient use of the Institute's assets,
- financial and accounting work,
- planning-analytical work and work on the development of the pensions system,
- information system and statistics,
- calculation of the obligations of RS and other organisations,
- ensuring legal aid and others.

The Pensions and Disability Insurance Institute of Slovenia's organizational structure is uniform for the entire territory of the Republic of Slovenia. Its activities are carried out in individual organizational units at the Head Office in Ljubljana as well as at its 9 regional units.

The bodies of the Institute are:

1. The Institute's Council,
2. The Director General, who is the managing authority of the Institute.

The Institute's Council comprises 26 members:

- 10 representatives, appointed by Government;
- 7 representatives, appointed by trade union federations or confederations, representative at the national level;
- 7 representatives, appointed by employers' associations at the national level;
- 3 representatives, appointed by pensioners' associations and organisations at the national level;
- 1 representative, appointed by representative disability organization for disabled workers;
- 1 representative, elected by the Institute's employees.

Members of the advisory board have 4-year mandates.

The Council's powers are stipulated by the law. Under PDIA-2, Article 186, paragraph 4, the Council shall perform the following tasks:

- monitor the economic situation of pensioners and disabled workers;
- establish and publish indexation percentage of pensions and other benefits;
- determine the payment dates of pensions and other benefits;
- adopt the financial plan and the annual report of the Institute;
- decide on the method of fund use, write-offs, sales and disposal of assets, and adopt inventory reports;
- decide on the measures for providing funds and possibilities for occupational rehabilitation and employment of disabled workers;
- appoint and dismiss Director General of the Institute;
- adopt the Statute of the Institute, general acts on insurance implementation, the general act on internship and other general acts of the Institute;
- function as the Assembly of the Real Estate Fund.

The business management body of the Institute is the Director general, who is appointed by Institute's council. The Government of RS consents to his or her appointment. Besides representing and acting on behalf of the Institute, he is also the authorizing body of the Institute,

puts forward guidelines for Institute's business policies, general acts of the Institute, reports and work plans, and performs other tasks, provided by the law.

Employment Service of Slovenia

The operation of the Employment Service of the Republic of Slovenia (ESS) and supervision of its work are laid down in the Labour Market Regulation Act (LMRA) and the *Statute of the Employment Service of the Republic of Slovenia* (Statute).

The Employment Service is a public institute organised in a unified manner across the entire area of the Republic of Slovenia. In order to assure the accessibility of services and provision of rights hereunder the Employment Service shall perform its activity at its registered office and through organisational units in line with its territorial organisation and in the manner defined by its Articles of Association. (Article 73 of the ZUTD)

In line with Article 74 of the ZUTD the Employment Service shall perform measures from the first and second indent of the first paragraph of Article 15⁵⁶ hereunder as a public service and the measure from the third and fourth indent of the first paragraph of Article 15 as public authority. The Employment Service shall keep records as public authority. Based on the data from these records and data from received applications of vacant job positions or types of work the institute shall maintain an information system for monitoring the tendencies on the labour market for statistical and research purposes and provide public information. In performing services and AEP measures the Employment Service cooperates with social work centres.

Records in the fields, regulated by the ZUTD, are as follows (Article 122 of the ZUTD):

- register of unemployed persons;
- register of temporarily unemployable persons;
- register of participants in AEP programmes;
- register of job seekers;
- register of employers with negative references;
- register of business entities who are recipients of public resources under the provisions of this Act.

In terms of organisation, or in terms of its functioning, the ESS operates on three levels; the main office, where the management and the head office are located, as well as regional **and** local offices throughout Slovenia.

The Employment Service consists of the following bodies (Article 75 of the ZUTD):

- the Employment Service council;
- the expert council;
- the director.

The Employment Service is managed by its **council** composed of 13 members of which:

- six members are appointed by the Government of the Republic of Slovenia, of which three are appointed by the ministry responsible for labour, one by the ministry responsible for

⁵⁶ **Article 15 of the ZUTD (Types of labour market measures)**

(1) The types of labour market government measures include:

- two labour market services;
- active employment policy (hereinafter: "AEP");
- unemployment insurance;
- guaranteeing rights arising from the compulsory and voluntary unemployment insurance.

(2) The providers of measures shall not demand payment from the beneficiaries for the implementation of the measures referred to in the previous paragraph.

finance, one by the ministry responsible for education and one by the ministry responsible for higher education.

- three members are appointed by employer associations at the state-level;
- three members are appointed by trade unions, representative for the territory of a state;
- one member is elected by the Employment Service employees.

The members of the Employment Service council have a four-year term in office. The Employment Service council elects a council president and vice-president for two years in the manner that group representatives from the first three indents of the first paragraph of this Article are alternated. The Employment Service Council commences operation once at least seven of its members are appointed. (Article 76 of the ZUTD)

The director shall organise and manage the work and operation of the Employment Service, represent the latter and shall be responsible for the legality of its operations. The director of the Employment Service shall be appointed and recalled by the Government of the Republic of Slovenia on the proposal of the minister responsible for labour. The director shall be appointed for a five-year term. (Article 80 of the ZUTD)

The expert council is a professional collegiate body of the Employment Service. The expert council discusses and adopts the doctrine related to working with unemployed persons and employers, covers other issues in the field of expert work of the Employment Services,- provides opinions and proposals regarding work organisation and conditions for activity development to the Employment Service council and director, discusses interdisciplinary issues vital for labour market development, on the Employment Service council's or director's initiative discusses other issues related to the labour market, performs other tasks determined by the Articles of Association.(Article 79 of the ZUTD)

Centres for Social Work

There are 62 Centres for social work in Slovenia. They are all autonomous and independent and arranged all over the country in a way that enables every user to have a free and equal access to all the services and rights that Centres for social work provide.

The field of work of Centres for social work is based on exercising public powers, assignments according to law and services.

Public powers are orders that state with law transmits to a performer, who then decides about the rights of people that are based upon them.

Assignments according to law are tasks that are appointed in different laws, which are appointing certain activities that Centres for social work have to carry through (e.g. helping parents to reach an agreement, giving opinions about welfare of a child...).

Centres provides services, which people can join on a voluntary basis; these services are characteristically intended for prevention of social distress and difficulties and involve activities providing help and self-help to individuals, families and population groups.

Court of Justice frequently acquires the assistance of Centres for social work; when it comes to a parental divorce, the matters regarding parent-child contacts, trusting parents with childcare and upbringing, and matters regarding alimonies, the Centre gives recommendation to the Court on the following subjects:

- opinions and reports
- it carries out counselling to parents
- it helps parents with making agreements regarding these questions
- it carries out discussions with a child as assistance to the Court judge

It monitors and executes parent-child contacts under supervision (which means that the encounters take place within the Centre's premises in the presence of one the experts who help both the parent and the child to reconnect; the Centre also gives report to the Court regarding these encounters).