

**THE ELEVENTH REPORT ON THE FULFILLMENT OF THE
EUROPEAN CODE OF SOCIAL SECURITY
SUBMITTED BY THE CZECH REPUBLIC**

For the period from 1st July 2012 to 30th June 2013

SECTION 1

List of applicable legislation:

Part II – Medical care

- Act N. 48/1997 Coll., providing for Public Health Insurance and on Changes and Amendments to Certain Related Acts, as amended
- Act N. 372/2011 Coll., regulating Medical Services and Conditions for Their Providing (Act on Medical Services effective from *April 1st, 2012*)
- Act N. 285/2002 Coll., to regulate the Donation, Removal and Transplantations of Tissues and Organs and on Changes to Certain Acts (the Transplantation Act), as amended
- Regulation N. 3/2010 Coll., providing for the Determination of the Content and Time Intervals for Preventative Examinations
- Regulation N. 386/2007 Coll., to Determine the Illnesses for which Dispensary Care is Provided, the Time Intervals for Dispensary Examinations and to Determine the Specialisation for the Dispensing Physician

Part III – Sickness Benefit

- Act N. 187/2006 Coll., on Sickness Insurance, as amended
- Act N. 262/2006 Coll., the Labour Code, as amended

Part IV – Unemployment Benefit

- Act N. 435/2004 Coll., the Employment Act, as amended

Part V – Old-age Benefit

- Act N. 155/1995 Coll., Pension Insurance Act, as amended
- Act N. 582/1991 Coll., providing the Organisation and Implementation of Social Security, as amended
- Regulation N. 284/1995 Coll., to Implement the Pension Insurance Act, as amended

Part VII – Family Benefit

- Act N. 117/1995 Coll., to regulate the State Social Support, as amended
- Act N. 110/2006 Coll., regulating the Living and Subsistence Minimum, as amended
- Act N. 586/1992 Coll., regulating income tax, as amended
- Act N. 370/2011 Coll., amending the Act N. 235/2004 Sb., regulating value added tax, as amended

Part VIII – Maternity Benefit

- Act N. 187/2006 Coll., on Sickness Insurance, as amended

Part IX – Invalidity Benefit

- Act N. 155/1995 Coll., the Pension Insurance Act, as amended
- Regulation N. 284/1995 Coll., to Implement the Pension Insurance Act, as amended
- Act N. 582/1991 Coll., providing the Organisation and Implementation of Social Security, as amended
- Regulation N. 359/2009 Coll., to determinate the Percentage Rate of the Decline in Ability to Work and Prerequisites for the Disability Assessment and Regulates the Assessment of Capacity to Work for the Purpose of Disability

Part X – Survivors’ Benefit

- Act N. 155/1995 Coll., the Pension Insurance Act, as amended
- Act N. 582/1991 Sb., providing the Organisation and Implementation of Social Security, as amended

SECTION II

Code application

Article 10 of the Constitution of the Czech Republic stipulates that promulgated international treaties, the ratification of which has been approved by the Parliament and which are binding for the Czech Republic, are considered to be a part of the legal order. If the provisions of an international treaty differ from the national legislation, the provisions of the international treaty shall prevail.

Article 2 – Provisions adopted

The Czech Republic has adopted the obligations resulting from the following parts of the Code:

Part II	–	Medical Care
Part III	–	Sickness Benefit
Part IV	–	Unemployment Benefit
Part V	–	Old-age Benefit
Part VII	–	Family Benefit
Part VIII	–	Maternity Benefit
Part IX	–	Invalidity Benefit
Part X	–	Survivors' Benefit

Article 6 – Voluntary insurance schemes

The report does not consider the protection provided under voluntary insurance schemes.

Parts XI – XII

The questions on Articles 65 to 68 have been answered under the relevant section of the form.

General notes on benefit calculation:

In 2012, the average gross monthly wage **of a qualified blue-collar worker was CZK 24, 223** and according to the survey results approximately 60 % of the economically active people earned a lower wage than the stated amount. A qualified worker's wage corresponds to the wage of a metal turner – a machine tool setter and operator – according to CZ-ISCO 72231. In 2012, the average gross monthly wage of **a non-qualified blue-collar worker was CZK 17,660** [according to CZ-ISCO 93291 – a mechanical handling worker in industry (manufacturing)].

Information system on the average earnings is a selective statistical survey by the Ministry of Labour and Social Affairs, which is annually included as a part of the statistical research program of the Czech Statistical Office and, as a wage search with regular periodicity, it monitors the wage levels of individual professions in the Czech Republic, based on the CZ-ISCO Job Classification. The data on the average hourly wage of individual employees of selected economic entities are calculated as remuneration for labour-law-related purposes, pursuant to Section 351 of Act N. 262/2006 Coll., the Labour Code.

The survey also allows monitoring of the amount and structure of the monthly gross wage which indicates the average salary level for the period from the beginning of the year to the end of the current period.

As the social security benefits in the Czech Republic are not subject to taxation (with the exception of pensions that exceed CZK 288,000 per year which are included in taxable income), and they are not subject to health insurance and social security contributions either, it is possible to calculate the ratio of the benefits to net wages. For pensions and sickness, the amount of the annual financial statement the tax credit of the spouse with yearly income up to CZK 68,000 is not taken into account. The net wage of a qualified blue-collar worker was CZK 18,760 and the net wage of a qualified blue-collar worker with two children was CZK 20,994.

The calculated income tax has been reduced by tax credits at the amount of CZK 2,070 for the taxpayer and tax credits of 2 x CZK 1,117 for the two nourished children.

The allowance for two children aged 6 to 15 amounts to CZK 1,220 (610 x 2).

- The benefits do not vary from region to region (paragraph 8 of Article 65 is not applied)
- The average year-on-year price inflation index in 2012 was 103.3 %.
- The year-on-year index for the average nominal wage in the national economy in 2012 was 102.7 %.

Article 69 – Right of appeal

Updated information:

An insured individual is entitled to lodge an appeal against a decision issued by the appropriate District Social Security Administration concerning the disallowance of his/her claim for a **sickness insurance** benefit (**sickness benefit** and **maternity benefit**), the amount of the benefit, the reduction of the benefit or the withdrawal or suspension of the payment thereof in accordance with Act N. 187/2006 Coll. Sickness Insurance Act, as amended (hereafter referred to as “Sickness Insurance Act”). The superior body, i.e. the Czech Social Security Administration, decides on the appeal. Since 1st January 2010, it has been possible to lodge written objections concerning a decision of a social security body in matters of pension insurance as a regular legal remedy measure in accordance with Act N. 582/1991 Coll., providing the Organisation and Implementation of Social Security (hereafter referred to as “Organisation Act”), provided this is done within 30 days of the day when the participant in the proceedings was notified of the decision.

The social security body which issued the decision also decides on any objections, but the objection proceedings must be held separately from the first-instance social security decision-making body; the proceedings must not be participated in or decided upon by anybody who participated in the proceedings concerning the issuance of the disputed decision. It is possible to take a legal action against a decision upon the objections with the Regional Court. The option of a judicial review of a decision in matters of **pension insurance** is contained in the Administrative Procedure Code and elaborated in the Organisation Act.

The decisions which form the basis for decisions concerning benefits from pension insurance are excluded from the judicial review; the court only reviews any such decisions when deciding on an action brought against a decision of the Czech Social Security Administration.

Article 70 –Expenditure on benefits
Updated information:

Total revenue for 2012¹

- Pension insuranceCZK 323,176,156,000
- Sickness insuranceCZK 24,723,519,000
- Contributions to the state’s employment policyCZK 13,845,520 000

Total expenditure for 2012²

- Pension insuranceCZK 372,752,588,000
- Sickness insurance CZK 19,377,138,000
- unemployment benefitsCZK 8,759,749,000

Article 71
No changes

Article 74

The total average number of employees in 2012 was 4,259,146 people. With self-employed persons included among the individuals covered (sickness insured), the total number is 4,358,663 people.

Total number of employees with pension insurance: 4,259,146 people.

Self-employed persons with pension insurance (the average for 2012)..... 730,682 people
of whom individuals with sickness insurance 99,517 people

SECTION III

No changes

SECTION IV

No changes

SECTION V

No changes

¹ Source: National Accounts for the Czech Ministry of Labour and Social Affairs chapter for 2012

² Source: National Accounts for the Czech Ministry of Labour and Social Affairs chapter for 2012

PART II – HEALTH CARE

Articles 7 and 8

No changes

Article 9

A. The Czech Republic refers to letter c).

B.

The group of individuals covered according to Act N. 48/1997 Coll. Public Health Insurance Act, as amended, (hereafter referred to as “Public Health Insurance Act”) has not changed since January 1, 2013.

The personal scope applies to all individuals with permanent residence in the Czech Republic and to individuals who do not have permanent residence in the Czech Republic, provided they are employees of an employer which has its registered office or permanent residence in the territory of the Czech Republic. Primarily, there is no derived entitlement to in-kind benefits in the system of public health insurance (to in-kind benefit / health services, respectively) in the Czech Republic.

The Czech Republic must also comply with the directly applicable EU law on coordination of social security systems which means that the Czech public health insurance involves also individuals covered on the basis of coordination regulations (ie. Regulation of the European Parliament and the Council (EC) No. 883/2004 and its implementing regulation – Regulation No. 987/2009).

Furthermore, citizens outside the EU Member States, the EEC and Switzerland have also access to the Czech public health insurance system on the basis of an entitlement arising from the application of relevant international treaties, by which the Czech Republic is bound.

C. Updated statistical information:

- A. Number of covered individuals: – 10,408,731 people (average number of insured people in 2012)
- B. Population: – 10,505,445 people (as of 31st December 2012)
- C. 99.08 %

D. Women on maternity and parental leave and dependent children fall in the category of protected individuals who are entitled to medical care according to Article 10. However, primarily derived in kind benefits do not exist in the Czech Republic. Women and children within the personal scope of public health insurance are entitled to medical care in pursuance of the law.

E. No changes

Article 10

A.

The scope of provided health services, to which an insured person is entitled, is determined by the Public Health Insurance Act, stipulating among others in Article 13:

(1) The healthcare services provided to an insured person are covered by health insurance with the aim to improve or save his/her health and to alleviate his/her suffering, provided

a) It corresponds to the health conditions of the insured person and to the medical purposes which might be achieved and which are adequate and secure;

b) It is in compliance with contemporary and accessible knowledge of medical science and there is existing evidence proving its effectiveness with regard the purpose its providing.

(2) Healthcare services covered by health insurance in the scope and under conditions given by Public Health Insurance Act are as follows:

a) Preventive, dispensary, diagnostic, therapeutic, therapeutic-rehabilitative, spa therapeutic-rehabilitation care, assessment, nursing and palliative care and care for the donors of blood, tissues or organs and cells in relation to their removal – pursuant to the provisions of the Health Services Act;

b) Provision of medicinal preparations, foods for special medical purposes, medical devices and dental products;

c) Transportation of the insured persons and reimbursement of travel expenses;

d) Collection of blood and tissues, cells and organs for transplantation purposes and any necessary handling (preservation, storage processing and testing);

e) Transportation of a living donor (of tissues, cells and organs for transplantation) to and from the place of collection and the providing of healthcare related to the collection and reimbursement of travel costs;

f) Transport of a deceased donor to and from the place of collection;

g) Transport of the collected tissues, cells and organs;

h) Examination and autopsy of a deceased insured person - including transportation;

i) The stay of a person accompanying an insured person in a medical facility for inpatient care (hospital);

j) Medical care related to pregnancy and the birth of a child whose mother asked for confidentiality in connection with the childbirth; this care is covered by health insurance, where payment is requested by the provider based on an identification of the insured person.

Based on a registered provider's recommendation in the field of gynaecology and midwifery in connection with an artificial insemination, covered health services include health care - up to three times in a lifetime or if in the first two cases to the female genitals only one human embryo was transferred resulting from artificial insemination outside the woman's body four times in a lifetime - to

a) Women aged 18 – 39 with bilateral tubal obstruction or

b) Other women aged 22 – 39 (maximum of three times in a lifetime).

Medicinal preparations containing the following the least economically challenging medicinal substances are covered in full from health insurance:

a) Serum against staphylococcus infections,

b) Serum against diphtheria,

c) Serum against snake venom,

- d) Serum against botulism,
- e) Serum against gaseous gangrene,
- f) Serum against rabies,
- g) Immunoglobulin against tetanus,
- g) Immunoglobulin against hepatitis B,
- h) Tetanus toxoid,
- i) Vaccine against staphylococcus infections,
- j) Vaccines against rabies,
- k) Antidotes (used during the treatment of poisoning with organophosphates, heavy metals and cyanides).

More detailed definition of medicinal preparations and services covered by public health insurance can be found in the above mentioned law.

B.

An insured person (health service recipient) is requested to pay a regulatory fee. The amount of the fee depends on the nature of provided health service. Details are regulated in Section 16a of the Public Health Service Act.

(1) In relation to the providing of the below types of covered medical services, the insured person (or his/her legal representative) shall pay the respective provider that provided the paid for services) a regulatory fee in the amount:

a) CZK 30 for a:

1. Visit to doctor during which a clinical examination was performed (hereinafter referred to as "visit") in the fields of general practice medicine (family medicine), general practice medicine for children and adolescents (pediatrician), gynecology and obstetrics, or for visiting a dentist;
2. Visit to a doctor at a provider of specialized outpatient care;
3. Home visit service of a doctor of a provider in the field of general practice medicine or a general practice medicine for children and adolescents;

b) CZK 30 for a visit to a clinical psychologist;

c) CZK 30 for a visit to a clinical speech therapist;

d) Per prescription, upon which the first packet of paid and prescribed medicinal preparation or foods for special medical purposes was issued, regardless of the number of paid medicinal preparations or foods for special medical purposes and the prescribed number of packets;

e) CZK 90 for medical emergency service, including emergency service in stomatology (hereinafter "emergency service") at weekends or on public holidays and on workdays in the period from 5:00 p.m. to 7:00 a.m. if this are not regular surgery hours of the provider; Regulatory fee is not paid if the insured individual is subsequently taken into inpatient care,

f) CZK 100 for each day of provided inpatient care including spa therapeutic-rehabilitative care. The day when the insured person was admitted to such care provision and the day of his/her discharge are together counted as one day; This applies also to a person accompanying a child, if the care is covered by health insurance under Section 25 of the Act on Public Health Insurance.

In order to ensure that the regulatory fees are not an excessive burden on certain groups of insured persons, several measures have been adopted in the Public Health Insurance Act, targeting children placed in childrens' homes, insured individuals provided social services in senior homes etc. Section 16a, Paragraph 3 of this Act designates other situations when the regulatory fee is not paid for example, visits to a doctor for preventive check-ups and haemodialysis.

The section 16b of the Act sets out the limits for the regulatory fees. There are two levels of fees

- a) A general limit at the amount of 5,000 CZK
- b) A limit at the amount of 2,500 CZK for listed categories of insured person, mainly children and seniors. The limit includes fees paid for partially reimbursed medicines or foods for special medical purposes containing the same active ingredients and the same application only in the amount calculated in accordance with the supplement of medicine or foods for special medical purposes, where the supplement (i.e. the amount paid by the insured person) per quantity unit is the lowest and the interruption or termination of supply was not found.

The Czech public health insurance system does not add up the insurance periods and no prior insurance period is required for the establishment of entitlement to a benefit. An individual receives all of the entitlements which arise from the public health insurance system from the first day when said individual becomes a participant in the public health insurance scheme.

In the case of illness or injury, in-kind benefits (medical care) are provided throughout the entire period of illness and throughout the entire convalescence period. No time limit has been set for reception of the in-kind benefits.

Article 11

Healthcare services are provided to the extent regulated by the law N. 48/1997 Coll. in case of a social event. The derivative claim does not exist in the Czech Republic. That means that benefits are provided only to people within the scope of the Public Health Insurance Act. However, there is no qualifying period as a prerequisite for the utilisation of health service.

Article 12

Participation in the public health insurance system (or health service) is not conditioned, limited or affected by drawing or non-drawing of cash benefit(s) during illness. Length of health services provision depends on the health status of the insured individual and is not directly related to cash benefit receipt.

PART III – SICKNESS BENEFIT

Articles 13 and 14

Sickness benefit entitlement applies to all employees who are acknowledged in accordance with the Sickness Insurance Act to be temporarily unable to work, if said inability for work lasts longer than 21 calendar days (14 calendar days up to 31st December 2010, the change is planned as a temporary measure until 31st December 2013). The employee is entitled to salary or wage compensation according to the Labour Code in the course of the first 21 calendar days of the duration of the temporary inability to work paid to the employee by the employer.

The group of insured individuals is defined by the Sickness Insurance Act. This involves employees in employment, employees active upon the basis of agreements to work outside the scope of employment activity, judges, volunteers in care services, partners and company secretaries from a limited liability company, beneficiary associates directors, members of legal entity collective body, proctors, liquidators etc., Sickness insurance for self-employed persons is voluntary.

From January 1, 2012, the group of insured employees was expanded, i.e. includes among others employees active upon the basis of agreements to work outside the scope of employment activity who participate in the sickness insurance, if they operate in the Czech Republic and the amount of their income exceeds CZK 10,001 in particular calendar month during existence of such an agreement. When employee performs more than one agreement to complete a job, becomes a participant of the health insurance system if the sum of the incomes exceeds the amount of CZK 10,000 in a particular calendar month.

Article 15

A. The Czech Republic refers to the provisions of letter a).

B. Not applied

C. Updated statistical information:

A. Number of employees covered:	4 259 146 people
Number of self-employed persons covered:	99 517 people
B. Total number of employees:	4 259 146 people
C. 100 %	

Article 16

A. The Czech Republic refers to the provisions of Article 65.

Chapter I

Updated information (from 1.1.2013):

A. Rules for the calculation of the sickness benefit:

a) **salary or wage compensation** paid to employees by employers

1. The compensation is paid out for workdays – only during the first 21 calendar days of the temporary incapacity for work.
2. The specified period for setting the average pay is the previous completed quarter.
3. The amount is set on the basis of the average hourly wage which is reduced in a similar way as the basis for determining the amount of sickness benefits.
4. The percentage rate is the same as that for sickness insurance (60 % of the reduced average salary).
5. The compensation is not paid for the first three working days (the waiting period); however, it is possible to reach an agreement between the employee and the employer or an arrangement within a collective agreement or to stipulate by an internal regulation that the compensation will also be paid for the first three days of the temporary incapacity to work.
6. The daily amount of salary compensation from the fourth working day of the temporary incapacity to work corresponds to the amount of the sickness benefit from the 22nd calendar day of the temporary incapacity to work (60 % of the daily assessment basis).

b) **Sickness benefit**

1. The sickness benefit is paid out for calendar days from 22nd calendar day of the temporary incapacity to work.
2. The specified period for determining the average income is the 12 calendar months preceding the calendar month in which the temporary incapacity to work occurred.
3. The daily assessment basis is calculated from the income divided by the number of calendar days in the specified period (some days are not counted in order to avoid the unjustified dilution of the daily assessment basis, for example the days when sickness benefits were paid).
4. The qualifying income constitutes all income subject to social security contributions and contributions to the state employment policy calculated for an employee in the specified period.
5. The reduction of the daily assessment basis: 90 % of the amount is counted up to the first reduction limit, 60 % of the amount is counted between the first and second reduction limits, 30 % is counted to third reduction limits and the amount above the third reduction limit is not taken into account.
6. In 2013, the first reduction limit is CZK 863, the second reduction limit is CZK 1,295 and the third reduction limit is CZK 2,589.
7. The daily benefit is calculated as 60 % of the daily assessment basis.
8. The sickness benefit is calculated as a multiple of the daily benefit and the number of calendar days of the duration of the temporary incapacity to work.

- B. The evaluation of the required level of sickness benefit is undertaken in accordance with Article 65, section 6, subsection b). In the Czech Republic, sick leave coverage is mandatory for all employees. The participation of self-employed persons in the health insurance scheme is voluntary.
- C. In 2012, the average gross wage of a qualified blue-collar worker was CZK 24,223 (based on Job Specification CZ-ISCO 72231 – metal turner – a machine tool setter and operator).

Chapter II

Updated information (from 1.1.2013):

Salary compensation per workday for the first 21 days of the temporary incapacity to work corresponds to the amount of sickness benefit from the 22nd day of the temporary incapacity to work. Therefore, we have only specified the sickness benefit calculation for the purposes of evaluating the amount of benefit paid during sickness.

D. – G. The calculation of the ratio for the evaluation of the sickness benefit level:

- The calculation is based on the average gross monthly wage of a qualified blue-collar worker (based on Job Specification CZ-ISCO 72231– metal turner – a machine tool setter and operator) in 2012, i.e. CZK 24,223.
- Gross wage from employment: CZK 24,223, of which the net wage after the tax deductions amounts (for a tax payer and two children) to CZK 20,994.
- Daily assessment basis for the calculation of sickness benefit (DAB): the ratio between the annual wage and the number of days in specified period: $24,223 \times 12/365 = \text{CZK } 796.37$.
- **The daily assessment basis** is reduced as follows:
DAB: $796.37 \times 90 \% = \text{CZK } 717$
- **Daily sickness benefit:**
it is 60 % of the DAB from the 22st day of the temporary incapacity to work,
 $60 \% \text{ of } 717 = \text{CZK } 431$.
- **Monthly sickness benefit:** $30 \times 431 = \text{CZK } 12,930$.
- **Child benefit for two children** – in the amount CZK 1,220 (2 x CZK 610)
- Net income and child benefits = CZK 22,214.
- Sickness benefit and child benefits for two children = CZK 14,150.
- The **ratio** between the income after the insurance claim (the sickness benefit) and income before the insurance claim (net salary): $14,150/22,214 = \mathbf{63.7 \%}$.

Monthly salary in CZK		Monthly benefit for 2 children in CZK	Monthly sickness benefit in CZK	Ratio sickness benefits/salary in % *)	
Gross	Net			Gross	Net
24,223	20,994	1 220	12,930	55,6	63,7

*) Including child benefits.

The European Code of Social Security requires the ratio of sickness benefit in comparison with preceding income in the minimum amount of 45 %. **The Czech Republic fulfills the required level of the amount of sickness benefit in respect of both gross and net wage.**

B. Not applied.

C. No changes

Article 17

The Czech legal regulations do not determine the fulfillment of a qualification period as a precondition for the establishment of entitlement. The insured individual's entitlement to the sickness benefit arises as of the day of his/her entry into employment which provides the basis for participation in the sickness insurance scheme.

Article 18

Sickness benefit is provided from the 22nd calendar day of the duration of the temporary incapacity to work, but up to a maximum of 380 calendar days from the beginning of the temporary incapacity to work according to the Sickness Insurance Act. Sickness benefit may also be provided after the expiry of this support period, if it is possible to expect that the insured individual will shortly return to capacity for work upon the basis of a statement from the health insurance company's body. It is, however, only possible to provide the sickness benefit in this way for a period of a further 350 calendar days.

In the case of any new temporary incapacity to work, the previous period of temporary incapacity to work is counted in the period of 380 calendar days from the beginning of the temporary incapacity to work, provided these days fall in the period of 380 calendar days prior to the occurrence of the new case of temporary incapacity to work. This period of previous temporary incapacity to work is not counted, however, if the insured activity lasted at least 190 calendar days from the end of the last case of temporary incapacity to work.

The Sickness Insurance Act enables the payment of sickness benefits abroad upon the basis of a request received from an insured individual. It is only paid to the insured individual's bank account and in return for the payment of the associated costs.

If an insured individual who is temporarily unable to work applies for a disability pension in accordance with Act N. 155/1995 Coll., Pension Insurance Act, as amended and is acknowledged as disabled by a social security body, the temporary incapacity to work ends at the latest 30 days from the day following the day on which the insured individual was acknowledged as disabled. The disability pension will be awarded from the day following the day of the termination of the temporary incapacity to work.

If an old age pension is awarded according to the Pension Insurance Act in the period when the insured employment or the insured individual's independent gainful activities have not ended, the entitlement to sickness benefit will not end. However, the length of the period of provision of sickness benefit will be limited in the case of this temporary incapacity to work alongside the payment of an old age pension. Sickness benefit is paid to a recipient of an old age pension for a maximum period of 63 calendar days, but not longer than the day of the termination of the insured activity and not longer than would be paid out up to the ceasing of the "general length" of the period of support.

In the course of any temporary incapacity to work, an insured individual loses his/her entitlement to sickness benefit in the situation where the insured individual becomes entitled to an old age pension in the course of said period of temporary incapacity for work and said individual's insured employment or insured independent gainful activities ceased before the day on which the individual became entitled to the payment of the old age pension.

The temporary incapacity to work of an insured individual who is entitled to maternity benefit shall be terminated and payment of sickness benefit shall be stopped at the beginning of the sixth week before the expected date of birth, if she was not entitled to receive maternity benefit earlier.

The temporary inability to work of an insured individual who is entitled to maternity benefit ends and the payment of the sickness benefit is halted as of the beginning of the sixth week before the expected date of the delivery, provided she has not started drawing maternity benefit at an earlier date.

An insured individual or any other recipient of a sickness insurance benefit who has failed to fulfil any of the imposed obligations or has received the benefit or part thereof even though he/she must have been aware from the circumstances that it had been paid out wrongfully or at a higher amount than said individual was entitled to, is obliged to repay the benefit payer any overpayment of the benefit. If another physical or legal entity has caused the benefit to be paid out wrongfully or at an amount higher than the individual was entitled to, said entity will be obliged to repay the benefit payer any overpayment of the benefit.

If the insured individual has brought about his/her temporary incapacity to work

- as a result of his/her participation in a fight;
- as a direct consequence of his/her inebriation or abuse of narcotic or psychotropic substances or
- when committing an intentional offense or an intentional misdemeanour,

said individual will still be entitled to sickness benefit, but **at half of the amount**. An insured individual who has deliberately brought about his/her temporary incapacity to for work has no entitlement to sickness benefit.

If an incapacitated insured individual breaches the set medical treatment during temporary incapacity to work, his/her sickness benefit may be reduced or withdrawn for a maximum period of 100 calendar days from the day of the breach in the medical treatment, but not longer than until the end of the period of temporary incapacity to work during which the breach in this treatment occurred.

If an incapacitated insured individual breaches the set medical treatment during temporary incapacity to work in the course of first 21 days of the temporary incapacity to work, the employer is rightful to terminate the employment in accordance with the provision of section 52, subsection h) of the Labour Code for gross violation of "other employees obligations" stipulated in section 301a of the Labour Code.

The amendment to the Labour Code introduced a new provision of section 301a which determines "the other obligations of employees" imposes that employees are obliged to follow the directions and medical treatment in respect of an obligation to remain at the residence and respect the time and range of leaves in accordance with Health Insurance Act in the course of the first 14 calendar days during temporary incapacity to work and in the period from January

1st, 2012 until December 31st, 2013 in the course of the first 21 days calendar days of temporary incapacity to work.

The insured individual is not entitled to the payment of the sickness benefit for the period, throughout which

- he/she carries out the insured activities, to which the sickness benefit pertains, i.e. he/she works or is involved in independent gainful activities,
- he/she is still entitled to the qualifying income from employment to which sickness benefit pertains according to the special regulations.

PART IV – UNEMPLOYMENT BENEFIT

Article 19

No changes

Article 20

Act N. 435/2004 Coll., Employment Act, as amended, (hereafter referred to as “Employment Act”) determines the conditions under which an individual may be included in the register of job-seekers and under which conditions the said individual is entitled to an unemployment benefit.

A job-seeker is an individual who personally applies for finding a suitable employment at the regional branch of the Labour Office (the term Labour Office will hereafter be used for simplification), in whose territory he / she is resident, and is registered as a job-seeker by the Labour Office upon fulfilling the legally stipulated conditions.

An individual may not be included in the job-seekers’ register, if he / she is in employment or service relationship (with certain stated exceptions), if he / she is a self-employed individual, an individual gainfully employed abroad, an associate or a company secretary in a commercial organisation or a member of a cooperative, a supervisory board or a board of directors, if he / she carries out work for a company or a cooperative which is remunerated at a certain amount or if he / she is a judge, a member of parliament, etc.

Job-seekers are entitled to unemployment benefit, if they have acquired a pension insurance period of at least 12 months in the specific period (last 2 years before inclusion in the job-seekers’ register) by means of employment or other gainful activities according to the Pension Insurance Act.

Unemployment benefit does not apply to job-seekers:

- Who have been dismissed from employment in the period of the last 6 months before their inclusion in the job-seekers’ register due to an especially gross breach of their obligations arising from the legal regulations pertaining to the work which they performed; this also applies in the case of the termination of any other employment relation for similar reason.
- Who have been dismissed from employment in the period of the last 6 months before their inclusion in the job-seekers’ register due to gross breach of their other obligations arising from the section 301a of the Labour Code.
- Who have become entitled to a service allowance according to the special legal regulations (Section 131 and the subsequent sections of Act N. 221/1999 Coll. the Professional Soldiers Act, Section 157 and the subsequent sections of Act N. 361/2003 Coll., providing the Service Conditions for the Members of the Security Forces, as amended) and if this allowance is higher than the unemployment benefit which the job-seeker would otherwise be entitled to, if he or she were not entitled to the service allowance.
- Who carry out any of the activities according to section 25, subsection 3 of the Employment Act, i.e. any activities on the basis of work or service relations with monthly earnings not in excess of half the minimum wage, as of the day when the unemployment benefit should have been awarded, or

- Who carry out activities on the basis of a an agreement on work activity or a service contract with monthly earnings or earnings pertaining to 1 month of the period to which they apply which are not in excess of the half the minimum wage.

Article 21

A. The Czech Republic refers to letter a).

B.

The group of covered individuals consists of those individuals who meet the conditions for the establishment of the entitlement to the unemployment benefit according to the Employment Act.

C. Updated statistical information:

- | | |
|--|------------------|
| A. Number of covered employees: | 4,259,146 people |
| Number of self-employed persons covered: | 730 682 people |
| B. Total number of employees: | 4,259,146 people |
| C. 100 % | |

Article 22

A. The Czech Republic refers to the provisions of Article 65.

Chapter I

A. Updated information:

Employment Act states that the amount of the unemployment benefit and support during retraining is designated as a percentage of the average earnings which have been ascertained in the case of the job-seeker and last used for employment purposes at his / her last job in the specified period according to the employment regulations; if these employment regulations were not applied to the job-seeker due to the provisions set out in the special legal regulations pertaining to the legal relations under which the job-seeker carried out his / her last completed employment, the average of such a job-seeker's net monthly earnings is ascertained for the purposes of the unemployment benefit and support during retraining analogously according to the employment regulations.

The amount of the unemployment benefit and the support during retraining for a job-seeker who was self-employed prior to being included in the job-seekers' register is determined by using a percentage of the last assessment base in the specified period recalculated for 1 calendar month.

During the first two months of the provision of unemployment benefit (i.e. the so-called support period), the unemployment benefit amounts to 65 % of the average net monthly earnings or the assessment base: it then falls to 50 % for the next two months and 45 % for the remainder of the support period. The percentage rate for support during retraining amounts to 60 %.

A job-seeker who has terminated his / her employment without any serious grounds for doing so or by means of an agreement with employer is entitled to unemployment benefit at the amount of 45 % throughout the entire support period.

If an individual has fulfilled the condition of previous employment by means of a substitute employment period (see Article 23) and if this period has been assessed as being the last employment, the unemployment benefit is set at the amount of 0.15 times the average wage in the national economy for the 1st to 3rd quarters of the calendar year preceding the year in which the benefit application was submitted for the first 2 months, at 0.12 times for the next two months and at 0.11 times for the remainder of the support period.

The maximum amount of the unemployment benefit has been set at 0.58 times the average wage in the national economy for the first to third quarters of the calendar year preceding the calendar year in which the benefit application was submitted. The maximum amount of the support during requalification has been set at 0.65 times the average wage in the national economy for the first to third quarters of the calendar year preceding the calendar year in which the requalification started. The maximum amount of the unemployment benefit was CZK 13,762 per month, in 2012 and CZK 14,157 in 2013.

B. Not applied

C. The state's responsibility for providing unemployment benefits is absolute. The unemployment benefit applies to any job-seeker who meets the legally stipulated conditions. Unemployment benefit applies once the conditions have been met, regardless of the individual's assets.

Chapter II

Updated information (from 1.1.2013):

D. - G.

The average net monthly wage of a qualified blue-collar worker with two children was CZK 20,994.

The calculation of the unemployment benefit as of January 1, 2013:

The benefit for a typical qualified blue-collar worker for the first two months of unemployment:

Benefit amount (65 % of the preceding average income) <i>/of net wage/</i>	% of the original income
CZK 13,467	65 %

The benefit for a typical qualified blue-collar worker for the next two months of unemployment

Benefit amount (50 % of the preceding average income) <i>/of net wage/</i>	% of the original income
CZK 10,498	50 %

The benefit for a typical qualified blue-collar worker for the remaining support period:

Benefit amount (45 % of the preceding average income) <i>/of net wage/</i>	% of the original income
CZK 9,448	45 %

Thus **the average monthly benefit** for a qualified blue-collar worker throughout the support period was $(2 \times 13,467) + (2 \times 10,498) + 9,448/5 = \mathbf{CZK 11,548}$.

The **ratio** between the income after the insured event (unemployment benefit) and the income before the insured event (the net wage) is $11,548/20,994 \times 100 = \mathbf{55 \%}$.

The European Code of Social Security requires that the level of unemployment benefits in comparison to preceding wage is at least 45 %. **The Czech Republic fulfills the required level.**

B. Not applied.

C. No changes

Article 23

The establishment of the entitlement to an unemployment benefit in the Czech Republic is bound to the fulfillment of the required period of pension insurance with employment or other gainful activities. The necessary period of pension insurance amounts 12 months in the last two years. It is also possible to count a so-called substitute employment period in that period.

A substitute employment period is considered to be:

- a) the period of preparation for work by an individual with a disability,
- b) the period of receipt of a disability pension for level-three invalidity,
- c) the period of providing personal care for a child up to the age of four years,

d) the period of providing personal care for an individual which is considered a person dependent on the assistance of another physical entity in level II (medium dependency), level III (heavy dependency) or level IV (complete dependency) according to Section 8 of Act N. 108/2006 Coll., the Social Services Act, provided said individual lives permanently with the jobseeker and they jointly pay for their needs; these conditions are not required, if this involves an individual who is considered to be a close individual for the purposes of pension insurance,

e) the performance of long-term volunteer services upon the basis of a volunteer contract concluded with a posting organisation which has been accredited by the Ministry of Interior according to Act N. 198/2002 Coll., Volunteer Service Act, or the performance of public service upon the basis of a public service contract according to Act N. 111/2006 Coll., regulating the Assistance in Material Need, provided the extent of the realised service in excess of at least 20 hours a calendar week,

f) personal care for an individual under ten years of age who is considered to be an individual with level I (light dependency) dependency on the assistance of another individual according to the special legal regulation.

Article 24

1. The period of the provision of the unemployment benefit (the support period) depends on the age of the individual. The support period is five months for job-seekers up to the age of 50, eight months for jobseekers between 50 and 55 and eleven months for job-seekers over 55. The decisive factor for the length of the support period is the job-seeker's age as of the date of the submission of the unemployment benefit application.

The length of the support period is also influenced by the fact as to whether or not the job-seeker has used the entire support period at any time during the last two years prior to inclusion to the unemployment register. If *the entire support period has not been used* and the job-seeker has acquired a pension insurance period of at least three months by means of employment or other gainful activities after the end of the used part of the support period, such a job-seeker will be entitled to an unemployment benefit for the entire support period. If said job-seeker has acquired a support period of less than three months, he / she will be entitled to an unemployment benefit for the remainder of the support period. At the same time, the requirement of the total necessary period of previous employment must also have been fulfilled.

If the entire support period *has been used* in the last two years prior to the inclusion of the job-seeker in the job-seekers' register, the job-seeker will be entitled to an unemployment benefit, if he / she has acquired a pension insurance period of at least six months since the full use of the original support period; this period is not required in cases when the employment was terminated for health reasons or because the employer had breached any of the essential obligations arising from the legal regulations, a collective agreement or agreed employment conditions. At the same time, the condition of the total period of previous employment must have been fulfilled.

2. The duration for the unemployment benefit granting is not graduated according to the contribution period.

3. In accordance with the European Code of Social Security, the waiting period has not been directly determinate by the Employment Act.

A job-seeker is entitled to an unemployment benefit upon the fulfillment of the set conditions from the date of the submission of the written unemployment benefit application. If the job-seeker requests the granting of the unemployment benefit at the latest within three workdays of the termination of employment or any other gainful activities or any activities considered to constitute a substitute employment period, the unemployment benefit will be awarded from the day following the termination of the employment or the aforementioned activities.

Job-seeker who has been paid the redundancy payment, reduced policy bonus or settlement under the other legal regulations, has been granted unemployment benefits after the expiration of the period determined by the number of multiples of average monthly earnings of which the minimum compensation of the legal severance pay or settlement was derived in pursuant of other legal regulations. The total duration of support period determined by the Employment Act shall not be affected by these provisions.

Job-seeker who is entitled to unemployment benefits, but he / she had not been paid a redundancy payment, reduced policy bonus or settlement after the employment/service relationship termination or at the nearest time limit for pecuniary payment settled by employer for the payment for wages or salaries or at the date of termination of employment or service, will be provided with a compensation by Labour Office from the day of placement into the job-seekers' register for a period corresponding to the amount of the a redundancy payment, reduced policy bonus or settlement. The amount of compensation is determined by multiplying the period for which the redundancy payment, reduced policy bonus or settlement pertains and 65 % of the average monthly net income of the jobseeker. The jobseeker is granted unemployment benefit after the expiration of the period covered with said compensation.

4. The Employment Act does not stipulate any special conditions for the unemployment benefits granting to seasonal workers. The general system applies.

5. No unemployment benefit is provided throughout the period of:

- drawing an old age pension;
- drawing a sickness insurance benefit;
- custody.

The provision of an unemployment benefit is suspended throughout this period.

Jobseekers are not granted an unemployment benefit throughout the period of any legal relations on the basis of which they realise any of the activities which prevent inclusion in the jobseekers' register and throughout the period when they are granted support during retraining.

The entitlement to an unemployment benefit ceases with the expiration of the support period, the completion of the inclusion of an individual in the jobseekers' registry or when he/she is discharged from the registry.

PART V – OLD AGE BENEFITS

Articles 25 a 26

Updated information (from January 1, 2013):

The retirement age and the gradual increases in it are specified by the Pension Insurance Act. The retirement age is gradually rising; for men 2 months per year and for women 4 month per year. In 2013, the retirement age is 62 years and 6 months for men, 61 years and 4 months for childless women, 60 years and 4 months for women who have raised one child, 59 years and 4 months for women who have raised two children, 58 years and 4 months for women who have raised 3 or 4 children and 57 years and 4 months for women who have raised 5 or more children.

An amendment to the Pension Insurance Act which enables gradual increase in the age limit so that there will be a uniform age limit of 67 for insured men and women born in 1977 has been approved with effect from of September 30, 2011. The increase will continue by 2 months per year after this unification.

Article 27

A. The Czech Republic refers to letter a).

B. The group of covered individuals also includes the groups specified under letter b). Covered individuals are those who are or were participants in the pension insurance scheme. Participation in the pension insurance scheme is mandatory for all economically active individuals, both employed and self-employed. By law, there are certain other population groups that are also covered by pension insurance without having to make contributions, such as women caring for a child of up to 4 years of age. Students have not been participants in the pension insurance scheme since January 1, 2010, but they have the option of registering for voluntary participation.

C. Updated statistical data:

A. Number of covered employees:	4 259 146 people
Number of covered self-employed persons:	730 682 people
B. Total number of employees:	4 259 146 people
C. 100 %	

D. Not applied

Article 28

A. The Czech Republic refers to Article 65

Chapter I

Updated information (as of January 1, 2013):

A. Old age pension consists of two components:

Basic Part: CZK 2,330 per month (9 per cent of average gross wage)

Percentage Part: depends on the individual's income (calculated from the calculation base) and the number of years of insurance. For the old age benefit, this amounts to 1.5 %

of the calculation base (for the period of participation in I. and II. pension pillar it amounts to 1.2 % of the calculation base) for each completed year of insurance. The calculation base is determined on the basis of the average indexed gross income (earnings are indexed in relation to growth in average salaries in the national economy) usually for the period from 1986 to the year preceding the year in which the person first qualified for the old age pension. When determining the calculation base, this average (“personal assessment base”) is reduced in such a way that 100 % of the income is counted from the amount to the first reduction limit, between the first and second reduction limits 27 %, between the second and third reduction limits 19 % and 6 % is counted from the amount above the third reduction limit.

In 2013, the first reduction limit is CZK 11,389, the second reduction limit is CZK 30,026 and the third reduction limit is CZK 103,536.

B. No changes

C. In 2012, the average gross monthly wage of a qualified blue-collar worker was CZK 24,223 (according to the Job Specification CZ-ISCO 72231 – metal turner – a machine tool setter and operator).

Chapter III

Updated information (from January 1, 2013):

D. – G. Calculation of the ratio for the evaluation of the pension benefit:

- The calculation is based on the average gross monthly wage of a qualified blue-collar worker (according to the Job Specification CZ-ISCO 72231 – metal turner – a machine tool setter and operator) in 2011, i.e. CZK 24,223.
- **The net wage** for a taxpayer after applying the tax deductions amounts to CZK 18,760 per month.
- The personal assessment base of CZK 24,223 is reduced
 $11,389 + (24,223 - 11,389) \times 27\% = \text{CZK } 14,855$.
- The **percentage part** for thirty years of insurance is $30 \times 1.5\% \times 14,855 = \text{CZK } 6,685$.
- **The amount of the old age benefit** is composed of the basic part and the percentage part
 $2,330 + 6,685 = \text{CZK } 9,015$
- The **ratio** between the income after the insured event (the old age benefit) and the income before the insured event (the net wage) is $9,015 / 18,760 = 48.1\%$.

Monthly wage in CZK		Monthly old age benefit in CZK	Ratio pension / salary in %	
Gross	Net		Gross	Net
24,223	18,760	9,015	37.2	48.1

The European Code of Social Security requires that the ratio of old age benefit in comparison with preceding income is at least 40 %. **The Czech Republic fulfills the required level of the amount of old age benefit in respect to net wage.**

Article 29

Updated information (from January 1, 2013):

The pension is provided to a covered individual who had fulfilled the qualification period of at least 25 years in 2009 in accordance with the Pension Insurance Act; this period is gradually increasing by 1 year from 2010 and the target period of 35 years of insurance will apply for insured individuals who reach retirement age after 2018. Apart from that, the entitlement to an old age pension also applies to an insured individual who reaches retirement age and achieves an insurance period of at least 30 years (only the period of employment without any non-contributory periods). The gradual extension of the required insurance period to obtain an entitlement to retirement pension indeed applies to cases in which a pension is granted after achieving age 5 years higher than the retirement age in which case a condition of the minimum insurance period had been set to 15 years before the adoption of Act N. 306/2008. Since this Act came into force, the minimum insurance period has been gradually increased (by one year per each calendar year elapsed after the effectiveness of Act No. 306/2008). Ministry of Labour and Social Affairs is aware of the need for legislative change in this area which will make the Czech national law compatible with Article 29 section (2) Part V of the Code again and works on such a bill.

In case of an old age pension, to which an individual becomes entitled by reaching an age higher than the retirement age and acquiring the minimum necessary insurance period according to the third and fourth sentence in the previous paragraph, there will be no reduction of the benefit on the grounds of the percentage rate for one year of insurance, but the benefit is usually lower than the average paid old age pension due to the lower number of acquired years of insurance.

Article 30

No changes

PART VII – FAMILY BENEFIT

Article 39

The regular family benefits in the Czech Republic according to Article 42 are child allowance and parental allowance.

Article 40

The child allowance is provided to dependent children living in families whose decisive income is lower than the sum of the amount of the family's living minimum amount multiplied by the coefficient of 2.4. The child allowance is provided at three different amounts depending on the age of the child.

The parental allowance is provided to a parent who personally provides all-day care for the youngest child in the family. The parental allowance is stipulated by the total amount which the parent is granted until the child is four years of age. The parent's gainful activities and income are not monitored, but the placement of the child in pre-school facilities is limited.

Article 41

The scope of covered individuals for the regular family benefits according to Article 42 is determined Act N. 117/1995 Coll. State Social Support Act.

For the purposes of the child allowance, the covered group is considered to consist of dependent children. The child's entitlement does not depend on whether or not the parent is an employee, an economically active individual or a participant in the pension or sickness insurance schemes.

For the purposes of the parental allowance, parents caring for small children are considered to be the group covered. The entitlement does not depend on the parent's economic activity or whether or not he / she is a participant to the insurance scheme.

According to the definition of the individuals covered in Czech legislation, it is not possible to apply this to any of the articles in Article 41.

The statistical information for 2012:

the number of dependent children entitled to a child allowance	462,1 thousand
the number of parents receiving a parental allowance	306,3 thousand
the number of dependent children	2,341,1 thousand
the number of families with independent children	1,446,2 thousand

In 2012, the child allowance was received by an average of 462,1 thousand dependent children every month which means that it was provided to approximately to 19,7 % of all dependent children.

In 2012, the parental allowance was received by an average of 306,3 thousand families with small children, i.e. approximately to 20,0 % of families with dependent children.

Article 42

The Czech Republic refers to paragraph a): the family benefits take the form of monthly, regularly occurring financial payments.

The amount of the child allowance in 2012 is set at a fixed monthly amount of CZK 500 for a child up to 6 years of age, CZK 610 for a child aged from 6 to 15 and CZK 700 for dependent child from 15 to 26 years of age.

The amount of the parental allowance is determined in fixed total amount of CZK 220,000. The parent who is a participant to the health insurance scheme, draws the amount on his/her selective basis in monthly maximum of CZK 11,500 but only until the child is four years of age. The parent who does not participate to the health insurance scheme is granted parental allowance in fixed monthly amount of CZK 7,600 until the child is ninth month of age and subsequently CZK 3,800 until the child is four years of age.

Article 43

No qualifying period has been set for the entitlement to family benefits. Also see the answer to Article 41.

Article 44

Statistical information for 2012:

Gross monthly wage of a non-qualified blue-collared worker – male (mechanical handling worker in industry CZ-ISCO 93291 in wage sphere)	CZK 17,660
Annual expenditure on the child allowance	CZK 3,3 billion
Annual expenditure on the parental allowance	CZK 25,0 billion
Number of dependent children	2,341,1 thousand
Total required expenditure for monetary family benefits	CZK 7,4 billion

Total required (monetary) expenditure for family benefits:

CZK 17,660 (average gross monthly salary of an unqualified blue-collar worker) x 0.015 (1.5 % of the salary) x 12 (months) x 2,341 (thousand children) = **CZK 7,4 billion.**

In 2012, the total expenditure on family benefits was CZK 28,3 billion which means that the Czech Republic has fulfilled Article 44 in relation to the total required expenditure on monetary family benefits at the amount of CZK 7,4 billion.

Families with dependent children are also supported by means of tax relief for the supported children in the form of tax exemptions and tax bonuses or the combination thereof. The tax relief for a dependent child is higher than the child allowances which are meanstested. To the contrary, the tax relief is applied by all families with dependent children which have taxable income.

Under legislation, the taxpayer was entitled in 2012 to a tax relief for a dependent child in the amount of CZK 13,404 per year. The taxpayer could apply for a tax relief by tax exemption, tax bonus or their combination. The conditions for entitlement to tax relief are settled in § 35c of Act No. 586/1992 Coll., to Regulate Income Taxes, in the version applicable for the particular tax period.

The tax relief for dependent child can be drawn through both tax return on income of individuals or through employers who are taxpayers of income from employment. Information about the granted tax relief is therefore derived from two sources, from the payers of tax returns on income of individuals (information on tax relief) and taxpayers' financial statement (information on tax exemption and tax bonus).

Persons submitting a tax return

Persons submitting the tax return on income claim the tax relief after expiration of the tax period which is a calendar year. That means that in 2010 was drawn a lump sum tax benefit according to the tax return on income of individuals for the tax period 2009. This does not apply to employees who sign a tax declaration, prove the entitlement to tax relief for employers and subsequently draw the monthly benefit while running business or leasing immovable. This group of people can apply only for eventual unpaid difference on tax advantage through tax return on income.

In calendar year 2011, the total of CZK 7,320 billions was claimed in tax bonuses. The table below shows the details in billions of CZK obtained from both the tax return income tax in 2011 (the first three columns) and details of income tax bonuses from dependent activities paid out monthly to tax payers in calendar year 2011.

Tax relief for a child	Tax exemption	The difference on tax bonus *)	Tax bonuses monthly paid out
11,017	5,913	4,394	2,926

*) The amount claimed by taxpayers in tax return reduced by tax bonuses paid out to taxpayers.

From 1 January 2012, a child tax benefit was increase by Act 370/2011 Coll., (amending Act N. 235/2004 Coll., The Value Added Tax Act, as amended) for 1800 (from CZK 11,604 to CZK 13,404 CZK). Furthermore, the maximum amount of tax bonus was increase from CZK 52,200 to CZK 60,300. Therefore the same trend can be assumed as in previous years, i.e. an increase in tax bonuses.

Article 45

The family benefits are paid out throughout the entire period of the social event and they are not dependent upon insurance.

PART VIII – MATERNITY BENEFIT

Article 46 a 47

According to the Sickness Insurance Act, the covered social events include pregnancy, delivery and their consequences. The institution of the suspension of earnings is not expressly defined in the Czech legal regulations, but it can be inferred from a systematic interpretation that this involves the overall halting of earnings as a consequence of an absence from work and not simply the reduction of said earnings. The maternity benefit corresponds to this structure.

Article 48

A. The Czech Republic refers to letter a)

B. No changes

C. Updated information:

A. Number of covered employees:

- | | |
|--|------------------|
| a) Employees with pension insurance | 4,259,146 people |
| b) Self-employed persons with sickness insurance | 99,517 people |

B. Total number of employees: 4,259,146 people

C. 100 %

Article 49

No changes

Article 50

A. The Czech Republic refers to Article 65.

Chapter I

Updated information (from 1.1.2013):

A. Rules for the calculation of the maternity benefit

1. Specified period: 12 calendar months preceding the calendar month in which the employee started his/her maternity leave.
2. Daily assessment base (DAB): qualifying income divided by the number of calendar days of the specified period (some days are not counted in order to avoid the unjustified dilution of the daily assessment base – for example, days when sickness benefits were paid).
3. Qualifying income – All the income subject to social security contributions and contributions to the state employment policy that is calculated for an employee in the specified period.
4. Reduction of the daily assessment base: the entire amount is counted until the first reduction limit is reached; 60 % of the income is counted from the amount between the first and the second reduction limits; 30 % of the income is counted from the amount between the second and the third reduction limits, and the amount above the third reduction limit is not taken into account.

5. In 2013, the first reduction limit is CZK 863, the second reduction limit is CZK 1,295 and the third reduction limit is CZK 2,589.
 6. The daily benefit is calculated as 70 % of the daily assessment base.
 7. Maternity benefit is paid out for a period of 28 weeks. This period is extended to 37 weeks for women who have given birth to more than one child at the same time and are taking care of at least two such children.
- B. No changes
- C. The average gross monthly wage of a qualified blue-collar worker in 2012 was CZK 24,223.

Chapter V

Updated information (from 1.1.2013):

D. – G. Calculation of the ratio for the evaluation of the level of the maternity benefit

- The calculation is based on the average gross monthly wage of a qualified blue-collar worker in 2012, i.e. CZK 24,223.
- **Net wage** (of the taxpayer) is **CZK 18,760**.
- Daily assessment base (DAB) for calculation of the maternity benefit is the ratio between the annual wage and the number of days of the year: CZK 24,223 x 12/365 = CZK 796.37.
- The **daily assessment base** is reduced
DAB from the 1st day: 797 x 100 % = **CZK 797**.
- **Daily amount** of the maternity benefit from the 1st day: 70 % x 797 = **CZK 558**.
- **Monthly amount of the maternity benefit:** 30 x 558 = **CZK 16,740**.
- The **ratio** between the income after the insured event (maternity benefit) and the income before the insured event (net wage) is: 16,740/18,760 = **89.2 %**.

Monthly wage in CZK		Monthly amount of the maternity benefit in CZK	Ratio maternity benefit / wage in %	
Gross	Net		Gross	Net
24,223	18,760	16,740	69.1	89.2

The European Code of Social Security requires that the ratio of maternity benefit to the preceding income is at least 45 %. **The Czech Republic fulfils the required level of the maternity benefit in respect of both gross and net wage.**

Article 51

Maternity benefit applies to an employee, if she has participated in at least 270 days of sickness insurance in the last two years before commencing the receipt of this benefit.

The following is also included in the required period of 270 days of insurance:

- the period of study at a secondary, college or tertiary education institution or at a conservatoire considered to constitute systematic preparation for a future profession for the purposes of pension insurance, if the study was successfully finished,

- the period of receipt of a disability pension for level-three disability, if this benefit has been withdrawn and the insured activity has arisen or continued after the withdrawal of the benefit.

If a claim is made for maternity benefit from sickness insurance, in which the condition of 270 days of participation in sickness insurance has not been met, the periods of participation in previous insurance in the period of two years before the entry into maternity benefit are also included for the fulfilment of this condition; the overlapping period of participation in the insurance can only be counted once. If a claim for maternity benefit is made simultaneously from one or more types of insurance, in which the condition of participation of 270 days in sickness insurance has been met, and from insurance, in which this condition has not been met, only the days in the period of two years before the entry into maternity benefit, in which the participation in insurance for 270 days occurred in parallel in the given types of insurance, from which the claim for maternity benefit has been made, are counted towards the fulfilment of this condition for the insurance, in which this condition has not been met. If the participation condition has not been met in several types of insurance, the periods of participation in the insurance in a period of two years prior to the entry into maternity benefit are only counted for the fulfilment of this condition in the case the insurance, which has the highest daily assessment base.

Article 52

The period of entitlement to the maternity cash benefit of an insured woman who has borne a child must not be shorter than 14 weeks and must not expire prior to the elapse of 6 weeks from the date of birth.

The insured individual is not entitled to the maternity benefit throughout a period, in which:

1. She (he) carries out the insured activities, on which this benefit is based, i. e. work or other independent gainful activities.
2. She is still entitled to receive the qualifying income from the employment, which this benefit is based on, according to the special legal regulations.

The maternity benefit is not paid out:

1. To the mother of a child throughout the period, during which the mother has an agreement with the father of the child or the mother's husband as to the fact that said individual will assume the care of the child and as such the insured individual, with whom the mother of the child has concluded said agreement, is entitled to receive the maternity benefit; in that case the maternity benefit is not paid out to the mother of the child but to her husband or the child's father. The agreement cannot be concluded until 6 weeks from the date of birth elapse.
2. To an insured individual throughout the period, during which the child has been taken into the institutional care of a healthcare facility for medical reasons and during which the insured individual carries out the insured activity, upon the basis of which the maternity benefit is provided, work or independent gainful activities.
3. To an insured individual throughout the period, during which said individual is unable to or not permitted to care for the child due to a serious long-term illness, due to which said individual has acquired temporary inability to work and because of which the child has been taken into the care of a different physical entity or legal entity.

4. Throughout the period, in which the insured individual does not take care of a newborn child and the child is therefore assigned to foster care or to institutional care.
5. To an insured individual throughout the period, in which the child was in institutional care for reasons other than medical grounds on the part of the child or the insured individual.

In both situations stated in 4 and 5 the insured woman is in receipt of the maternity cash benefit for the minimum duration of the period of entitlement pursuant to Section 35 of the Sickness Insurance Act, irrespective of whether the woman actually takes care of the child or not over that period.

PART IX – INVALIDITY BENEFIT

Articles 53 and 54

Updated information (from January 1, 2012):

The covered social events include level one, two and three disability.

An insured individual is disabled, if his/her work ability has fallen

- by at least 35 %, but not by more than 49 %: **level-one disability**
- by at least 50 %, but not by more than 69 %: **level-two disability**
- by at least 70 %: **level-three disability**.

The percentage of the fall in work ability, the prerequisites for the disability assessment and the assessment of the work ability for the purposes of the designation of disability are set out in Regulation N. 359/2009 Coll.

Article 55

A. The Czech Republic refers to letter a).

B. No changes

C. Updated information:

A. Number of covered employees:

a) Employees with pension insurance: 4,259,146 people

b) Self-employed persons with pension insurance: 730,682 people

B. Total number of employees: 4,259,146 people

C. 100 %

Article 56

The Czech Republic refers to Article 65.

Chapter I

Updated information (from 1st January 2013):

The benefit is a periodic payment calculated on the basis of the same rules as the old age pension (see the explanation of Article 26).

A. The rules for the calculation of invalidity benefit of the level-three disability

The benefit consists of two components:

Basic part: CZK 2,330 per month (9 % of the average gross wage).

Percentage Part: depends on the individual's income (calculated from the calculation base) and the length of insurance in years. For the level-three disability pension, it is 1.5 % of the calculation base for each year of insurance. The calculation base is determined on the basis of the average indexed gross wage (earnings are indexed in relation to growth

in average wages in the national economy) usually for the period from 1986 to the year preceding the year in which the person first qualified for the benefit).

When determining the calculation base, this average (“personal assessment base”) is reduced in such a way that 100 % of the income is counted to the first reduction limit, from the amount between the first and second reduction limits only 27 % of income is counted, 19 % of the income is counted from the amount between second and third reduction limit and only 6 % above the third reduction limit is counted.

In 2013 the amount of the first reduction limit is CZK 11,389, the second CZK 30,026 and the third CZK 103,536.

B. No changes

C. In 2012, the average gross monthly wage of a qualified blue-collar worker was CZK 24,223 (according to Job Specification CZ-ISCO 72231 – a mechanical handling worker in industry (manufacturing)).

To determine the level of disability benefit in the Czech Republic, the insurance period also includes the ‘add-in’ period, from the date of entitlement to the level-three disability benefit until the retirement age; therefore, in determining the pension amount, the relevant person can be considered to have been insured for 30 years.

Chapter II

Updated information (from 1st January 2013):

D. – G. Calculation of the ratio for the evaluation of the level-three disability invalidity benefit

- The calculation is based on the average gross monthly wage of a qualified blue-collar worker (according to Job Specification CZ-ISCO 72231 – a mechanical handling worker in industry (manufacturing) in 2012, i.e. CZK 24,223.
- The **net wage** (after tax relief for a taxpayer with two children) amounts to **CZK 20,994**.
- The personal assessment base (CZK 24,223) is reduced:
 $11,389 + (24,223 - 11,389) \times 27\% = \text{CZK } 14,855$.
- **Percentage part** for thirty years of insurance: $30 \times 1.5\% \times 14,855 = \text{CZK } 6,685$.
- **Amount of the level-three disability benefit:**
Basic part and percentage part $2,330 + 6685 = \text{CZK } 9,015$.
- The **ratio** between the income after the insured event (full level-three disability invalidity pension and allowances for two children) and the income before the insured event (net wage and allowances for two children) is: $10,235/22,214 = \mathbf{46,1\%}$.

Monthly wage in CZK		Allowances for 2 children in CZK	Invalidity benefit in CZK	Ratio benefit / wage *)	
Gross	Net			Gross	Net
24,223	20,994	1,220	9,015	40.2	46.1

*) invalidity benefit and salary including allowances for 2 children

The European Code of Social Security requires that the ratio of disability benefit to preceding income is at least 40 %. **The Czech Republic fulfils the required level of the disability benefit in respect to both gross and net wage ratio.**

Chapter VI

See Annex No 1

Article 57

Updated information (from 1.1.2013):

The benefit is provided to covered individuals under the condition of acquiring the necessary insurance period. The necessary insurance period is not required, if the disability arises as a result of a work accident. An individual who is 18 years of age, has permanent residency in the territory of the Czech Republic and is an disabled with level-three disability is also entitled to disability pension, if this disability arose before said individual reached the age of 18 and said individual has not participated in the insurance for the required period. The required insurance period for other disabled persons is graded according to age in the age groups of up to 20 and from 20 to 38. It amounts to less than one year up to the age of 20, is set at one to four years up to the age of 28 and amounts to five years secured in the last ten years before the occurrence of disability from the age of 28. In the case of insured individuals who are older than 38 years of age, the condition of the insurance period required for an disability pension is also considered to have been fulfilled, if the period was acquired in the period of the last 20 years before the occurrence of the disability; the required insurance period in this case amounts to 10 years.

Article 58

A disability pension applies throughout the entire period of the duration of the disability, up to the age of 65. The disability pension is transformed into an old age pension at the same level when the beneficiary of the disability benefit reaches the age of 65. Nevertheless, the old age pension beneficiary has an option to request a determination of the old age pension amount calculated under the general rules.

As far as Article 68 is concerned, the following letters are used:

- a) if the total disability occurred before the person reached the age of 18 and the person did not participate in the system for necessary insurance period, the pension is not paid out unless the beneficiary is a permanent resident of the Czech Republic.
- c) full disability pension is not paid out while the beneficiary is receiving sickness benefits awarded before the beneficiary became entitled to the disability pension.

d) if it is discovered that the person no longer qualifies for disability pension or its payment, the beneficiary will be deprived of the benefit or its payment will be discontinued. If the benefit has been awarded or paid in an amount greater than that to which the beneficiary is entitled, or if the pension has been awarded or is being paid unjustly, the pension will be reduced or the beneficiary will be deprived of it, and the payments will be discontinued, starting on the day following the day whereby the period for which the benefit was paid elapses. If the pension has been awarded in an amount lower than that to which the beneficiary is entitled or has been wrongfully denied, or if it has been awarded from a later date than that from when the beneficiary was entitled to it, the benefit will be increased or awarded as of the date from which the beneficiary becomes entitled to such a benefit or its increase, but for no more than five years retroactively prior to the date on which the entitlement to such a benefit or its increase has been discovered or claimed. However, the pension or its increase will be retroactively paid out from the day when the beneficiary was entitled to the benefit or its increase, if the benefit was not awarded or if it was paid at an amount lower than that to which the beneficiary was entitled or was wrongfully denied or was awarded from a later date than that which the beneficiary was entitled to it due to an incorrect procedure on the part of the Social Security Authority.

e) if the disability occurred as a result of intentional harm to health that the insured person self-inflicted or had someone else inflict on the insured person or if harm to the insured person's health occurred as a consequence of the insured person's intentional crime, the 'add-in' period, i.e. the time between the date on which the person becomes entitled to the disability pension and the attainment of retirement age, will not count for the purposes of the disability pension; at the same time into is taken account the retirement age of women who did not bring any child and for men the age limit prescribed for women who did not bring any child of the same birth date.

f) the payments of the disability pension may be suspended, if the beneficiary has failed to undergo a medical examination.

PART X – SURVIVORS’ BENEFIT

Articles 59 and 60

No changes

Article 61

A. The Czech Republic refers to letter a).

B. No changes

C. Updated statistical information:

A. Number of covered employees:	4,259,146 people
Number of covered self-employed persons:	730,682 people
B. Total number of employees:	4,259,146 people
C. 100 %	

Article 62

A. No changes

Chapter I

Updated information (from January 1, 2013):

A. The rules for the calculation of widow’s (widower’s) pension

The benefit consists of two components:

The basic part: CZK 2,330 per month (9 % of the average gross wage).

The percentage part: depends on the income and number of years of insurance of the insured deceased person.

The percentage assessment:

- **widow’s (widower’s)** pension: 50 % of the percentage part of the level-three disability or an old age pension to which the deceased was or would be entitled (see the old age or disability pension).
- **orphans’** pension: for each parent 40 % of the percentage part of the level-three disability or an old age pension to which the deceased was or would be entitled (see the old age or disability pension).

B. No changes

C. The average monthly gross salary of a qualified blue-collar worker in 2012 was CZK 24,223.

Chapter IV

Updated information (from January 1, 2013):

D. – G. The calculation of the ratio for evaluating the survivors' benefit

- The calculation is based on the average gross monthly wage of a qualified blue-collar worker (according to Job Specification CZ-ISCO 72231 – a mechanical handling worker in industry (manufacturing) in 2012, i.e. CZK 24,223.
- The **net wage** after tax relief for a taxpayer and two children is **CZK 20,994**.
- The personal assessment base (CZK 24,223) is reduced
 $11,389 + (24,223 - 11,389) \times 27\% = \text{CZK } 14,855$.
- The percentage part of the old age (disability) pension of the deceased person for thirty years of insurance amounts to: $30 \times 1.5\% \times 14,855 = \text{CZK } 6,685$.
- Percentage part of widow's pension: 50% of CZK 6,685 = **CZK 3,343**.
- **Amount of widow's (widower's) pension:** the basic part and percentage part
 $2,330 + 3,343 = \text{CZK } 5,673$.
- Percentage part of the orphan's benefits: 40% of CZK 6,685 = **CZK 2,674**.
- **Amount of the orphan's benefit:** basic part and percentage assessment
 $2,330 + 2,674 = \text{CZK } 5,004$.
- Widow's benefit and two orphan's benefits:
 $\text{CZK } 5,673 + 2 \times \text{CZK } 5,004 = \text{CZK } 15,681$.
- The **ratio** after the insured event (the survivors' benefit and child allowances) and income before the insured event (the net wage and child allowances) amounts to:
 $16,901/22,214 = 76,1\%$.

Monthly wage in CZK		Allowances for 2 children in CZK	Survivors' benefit in CZK	Ratio benefit / wage *)	
Gross	Net			Gross	Net
24,223	20,994	1,220	15,681	64,4	76,1

*) including child allowances

The European Code of Social Security requires that the ratio of survivors' benefit to preceding income is at least 40 %. **The Czech Republic fulfils the required level of survivors' benefit in respect to both gross and net wage.**

Chapter VI

See Annex No 1

Article 63

Updated information (from January 1, 2013):

The survivor's benefit is paid out to a covered individual, whose husband (wife) or the parent of a child was a recipient of a disability pension or old-age pension or who would have met the conditions to be awarded pension or old-age pension as of the day of his/her death or whose was caused by a work accident. This involves benefits derived from pension insurance – see the interpretation of Article 29 and Article 57.

Article 64

Widow's (widower's) pension is paid for the period of one year following the death of the beneficiary's spouse; and afterwards in cases where the survivor:

- a) cares for a dependent child,
- b) cares for a child who is dependent on the care of another person in Category II (medium dependency), Category III (heavy dependency) or Category IV (total dependency),
- c) cares for his / her parent or a parent of the deceased spouse, with whom the beneficiary shares the same household, and is dependent on the care of another person in Category II (medium dependency) or Category III (heavy dependency) or Category IV (total dependency),
- d) is an disabled with level-three disability, or
- e) has reached an age which is 4 years lower than the retirement age set for a man of the same date of birth or the retirement age, if the retirement age is lower.

The precondition for the entitlement to an orphan's pension is the child's dependency. The dependency is defined in section 20, subsection 3 of the Pension Insurance Act and is recognised as lasting until the completion of the compulsory school attendance and then (if the other conditions are met) up to a maximum age of 26. The entitlement to the widow's or widower's benefit ceases when the beneficiary remarries. The entitlement to the orphan's pension ceases upon the child's adoption.

As far as Article 68 is concerned, the following letters are used:

- a) if it is discovered that the person no longer qualifies for the benefit or its payment, or if the benefit has been awarded or is being paid at an amount greater than that to which the beneficiary is entitled or if the pension has been awarded or is being paid unjustly, the benefit will be reduced or cancelled, and the payments will be discontinued, starting on the day following the day whereby the period for which the benefit was paid out. If the benefit has been awarded at an amount lower than that to which the beneficiary is entitled or has been wrongfully denied or if it has been awarded from a later date than when the beneficiary was entitled to it, the benefit will be increased or awarded as of the date when the beneficiary became entitled to such a benefit or its increase, but for no more than five years retroactively prior to the date on which the entitlement to such a benefit or its increase has been discovered or claimed. However, the benefit or its increase will be retroactively paid out from the day when the beneficiary was entitled to the benefit or its increase, if the benefit was not awarded or if it was paid at an amount lower than that to which the beneficiary was entitled or was wrongfully denied or was awarded from a later date than that since which the beneficiary has been entitled to it, due to an incorrect procedure by the Social Security Authority.
- e) The entitlement to the widow's or widower's benefit ceases to exist on the date of finaland conclusive a court ruling on the widow or widower having intentionally caused the death of his / her spouse as a perpetrator or co-perpetrator or as a participant in a crime. Likewise, this applies to the entitlement to orphan's benefit.

Annex No 1

The year-on-year indexes for old age pensions, average gross nominal wage and consumer prices (living expenses) according to Article 65, Chapter VI

Year	Old age pension *		Average wage (for recalculated numbers)		Average year-on-year consumer price index (living expenses) for households in total in %
	<i>abs. in CZK</i>	<i>index in %</i>	<i>abs. in CZK</i>	<i>index in %</i>	
2001	6,352		14,378	108.8	104.7
2002	6,830	107.5	15,524	108.0	101.8
2003	7,071	103.5	16,430	105.8	100.1
2004	7,256	102.6	17,466	106.3	102.8
2005	7,730	106.5	18,344	105.0	101.9
2006	8,175	105.7	19,546	106.6	102.5
2007	8,735	106.9	20,957	107.2	102.8
2008	9,151	104.8	22,592	107.8	106.3
2009	10,029	109.6	23,344	103.3	101.0
2010	10,090	100.6	23,864	102.2	101.5
2011	10,542	104.5	24,455	102.5	101.9
2012	10,769	102.2	25,112	102,7	103,3
2013	10,963	101.8			