

**THE SIXTH CZECH REPORT ON THE FULFILMENT OF
THE EUROPEAN CODE OF SOCIAL SECURITY**

For the period from July 1, 2007 to June 30, 2008

SECTION I.

List of applicable legislation:

Part II – Medical Care

- Act No. 48/1997 Coll. on public health insurance and on changes and amendments to certain related laws, as amended
- Act No. 20/1966 Coll. on public healthcare, as amended.
- Act No. 285/2002 Coll. on the donation, removal and transplants of tissue and organs and on changes to certain laws (the Transplants Act), as amended.

Part III – Sickness Benefits

- Act No. 54/1956 Coll. on the sickness insurance of employees, as amended
- Act No. 100/1988 Coll. on social security, as amended
- Act No. 582/1991 Coll. on the organization and implementation of social security, as amended
- Act No. 32/1957 Coll. on medical care in the armed forces, as amended
- Decree No. 31/1993 Coll. on the evaluation of a temporary work invalidity for social security purposes, as amended
- Decree No. 143/1965 Coll. on the payment of cash benefits in sickness insurance, as amended
- Decree No. 165/1979 Coll. on the sickness insurance of certain employees and the payment of sickness insurance benefits in special situations, as amended
- Act No. 187/2006 Coll. on sickness insurance – scheduled to come into effect on January 1, 2009
- Act No. 189/2006 Coll. on changes to certain laws in relation to the introduction of the Act on Sickness Insurance – scheduled to come into effect on January 1, 2009

Part IV – Unemployment Benefits

- Act No. 435/2004 Coll. on employment, as amended

Part V – Old-Age Benefits

- Act No. 155/1995 Coll. on pension insurance, as amended
- Act No. 582/1991 Coll. on the organization and implementation of social security, as amended
- Decree No. 284/1995 Coll. implementing the Act on Pension Insurance, as amended.

Part VII – Family Benefits

- Act No. 117/1995 Coll. on state social support, as amended
- Act No. 110/2006 Coll. on subsistence and survival minimum, as amended
- Decree No. 207/1995 Coll. establishing the degrees of health impairment and the methods for their evaluation for the purpose of state social support benefits, as amended.

Part VIII – Maternity Benefits

- Act No. 88/1968 Coll. on the extension of maternity leave, on maternity benefits and on sickness insurance allowances for children, as amended
- Act No. 582/1991 Coll. on the organization and implementation of social security, as amended
- Act No. 187/2006 Coll. on sickness insurance – scheduled to come into effect on January 1, 2009
- Act No. 189/2006 Coll. on changes to certain laws in relation to the introduction of the Act on Sickness Insurance – scheduled to come into effect on January 1, 2009.

Part IX – Invalidity Pensions

- Act No. 155/1995 Coll. on pension insurance, as amended
- Act No. 582/1991 Coll. on the organization and implementation of social security, as amended
- Decree No. 284/1995 Coll. implementing the Act on Pension Insurance, as amended.

Part X – Survivors' Benefits

- Act No. 155/1995 Coll. on pension insurance, as amended
- Act No. 582/1991 Coll. on the organization and implementation of social security, as amended.

SECTION II.

Application of the European Code of Social Security

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 on the Czech Republic, are considered to be part of the national legislation. If the provisions of an international treaty vary from the national legislation, the provisions of the international treaty shall prevail.

Article 2 – Adopted Provisions

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

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

Article 6 – Voluntary Insurance Systems

Protection provided under voluntary insurance systems has not been considered in this report.

Parts XI – XII

Questions in Articles 65 through 68 have been answered in the relevant parts of the form.

General comments on the calculation of benefits:

In 2007, the average gross monthly salary of a **qualified blue-collar worker was CZK 23,002** and, based on the results of a study, approximately 68% of the economically active individuals earn a salary lower than the above amount. The salary of a qualified blue-collar worker corresponds to the salary of a metal lathe operator – tuning and service technician – based on KZAM-R 72231 (*Job Classification*). In 2007, the average gross monthly salary of a **non-qualified blue-collar worker was CZK 15,964** (based on KZAM-R 93211 – manipulation workers (in manufacturing)).

The information system on the cost of labour is a selective statistical research of the Ministry of Labour and Social Affairs, which is included annually as part of the statistical research program of the Czech Statistical Office. As a salary and wage monitoring system, the system monitors, on a quarterly basis, the salaries of different professions in the Czech Republic,

based on the KZAM job classification structure. Data on average hourly wages are calculated as wage substitutes for labour-law-related purposes, pursuant to Section 351 of Act No. 262/2006 Coll., the Labour Code and are collected on a quarterly basis for individual employees of selected employers. The research allows for the monitoring of the size and the structure of the monthly gross salary, which yields the average salary level during the period from the start of the year through the end of the current calendar quarter.

Because the social benefits in the Czech Republic are not subject to tax (with the exception of pension benefits that exceed CZK 198,000 per year and which are included in taxable income) and they are not subject to health insurance or social security contributions, it is possible to calculate the percentage share of the person's net salary that these benefits represent. In 2007, the net salary of a qualified blue-collar worker, with a dependent wife and two children, was CZK 18,824 (the calculated income tax was reduced by the following deductions: CZK 600 for the taxpayer, 2 x 500 for the two dependent children and CZK 350 for a dependent spouse who does not have her own source of income exceeding CZK 38,040 per year). The benefits for two children, ages 6 – 15, were CZK 1,216 and from January 1, 2008 CZK 1,220. Thus, in 2007, the average net monthly salary of a qualified blue-collar worker was CZK 17,495.

- The benefits do not vary from region to region (paragraph 8 of Article 65 is not being applied).
- The average year-to-year inflation index in 2007 was 102.8%.
- The international average nominal salary index in the national economy in 2007 was 107.3%.

Article 69 – Right to Appeal

No changes.

Article 70 – Cost of Benefits

Up-to-date information:

Total receipts in 2007¹

• Pension Insurance.....	CZK	295,867,348
• Sickness Insurance.....	CZK	43,452,782
• Contribution to the Government Employment Policy...	CZK	16,905,173

Total expenditures for 2007²

• Pension Insurance.....	CZK	282,599,084
• Sickness Insurance.....	CZK	34,670,904
• Unemployment Benefits.....	CZK	7,015,755

¹ Source: Government Income and Expenditure Report for the MLSA chapter for 2007
² Source: Government Income and Expenditure Report for the MLSA chapter for 2007

Article 71

No changes.

Article 74

The total number of employees in 2007: 4,253,938. Should the self-employed individuals be included among the protected persons the total number of covered individuals would reach 4,469,479.

The total number of employees with pension insurance (average for 2007): 4,253,938.

Self-employed with pension insurance (average for 2007).....714,910 persons
(of which) individuals covered by sickness insurance215,541 persons.

SECTION III.

No changes

SECTION IV.

No changes.

SECTION V.

No changes

PART II – MEDICAL CARE

Article 7 and 8

No changes.

Article 9

A. Czech Republic refers to letter. c).

B. The group of covered individuals (pursuant to the provisions of Act No. 48/1997 Coll. on public health insurance, as amended, changed since January 1, 2008 as follows:

Under this act, the personal coverage provided under the public health insurance program applies to all individuals who are permanent residents in the Czech Republic and individuals who – although not permanent residents in the Czech Republic – are employed by an employer who has a seat **or permanent residence** in the Czech Republic.

There has also been a change with respect to the definition of “an employee”. An employee is understood, for the purposes of health insurance, as a natural person who is a recipient, or should be a recipient, of income from a dependent activity or functional benefits under a special legislation. On the basis of this change in the definition the circle of the insured grew to a certain degree.

C. Up-to-date statistical data

- A. Number of covered individuals: 10 323 545 (as of December 31, 2007)
- B. Number of residents: 10 381 130 (as of December 31, 2007)
- C. 100%

D. The group of covered individuals is determined on the basis of the fact that each person who is a permanent resident in the Czech Republic, even if not economically active, is individually insured. The law sets forth in what instances the state will pay the public health insurance from the state budget instead of the beneficiary herself/himself.

Article 10

A. The Public Health Insurance Act (PHIA) delineates healthcare paid for from the health insurance funds positively (the so-called paid care) and negatively. The Act also addresses payments for medication and special purpose nutrition.

Up-to-date information (since January 1, 2008):

Health insurance pays for, in terms of outpatient care/treatment, medication and special medical nutrition containing curative substances listed in Annex 2, as long as the State Institute for Drug Control (hereinafter the "SIDC") determined the rate for payment for such

substances. Health insurance pays in each group of the pharmaceuticals listed in Annex 2 the full amount for at least one medication or special medical nutrition. Furthermore, the health insurance pays for the individually prepared medication, radiopharmaceuticals and transfusion substances in the amount set forth by SIDC by a generally applicable measure. Health insurance fully covers, in instances of inpatient treatment, medication and special medical nutrition, the individually prepared medication, radiopharmaceuticals and transfusion substances in the amount equal to the least economically demanding standard, in dependence on the nature and seriousness of the illness; the patient does not participate on these payments.

The health insurance does not cover medication and special medical nutrition listed in the paragraph above in instances where the SIDC did not award such payment by its decision. The SIDC will not award coverage for medication and special medical nutrition which:

- is supportive and complementary,
- use of which is in professional view unsuitable,
- does not solidly demonstrate its therapeutical effect, or
- does not fulfil the condition of an effective therapeutical intervention.

Therapeutical effect is understood as the capacity to activate desired effects by using the given medication or special medical nutrition even under the conditions of clinical practice. Effective therapeutical intervention is understood as healthcare provided in order to prevent or treat an illness in order to achieve the most effective and the safest treatment while maintaining cost effectiveness. Cost effectiveness is understood as determining the proportion between the total cost of use of such medication or special medical nutrition and total cost of use of such medication or special medical nutrition and the total cost related to other treatment method while achieving comparable results confirmed in the conditions of clinical practice; cost effective medication or special medical nutrition are those whose use in treatment, as far as costs are concerned, is preferable in terms of using other treatment method while achieving comparable effect.

The SIDC decides on:

- the amount of coverage of medication or special medical nutrition,
- conditions of the coverage of medication or special medical nutrition listed under letter a) by prescribed accounting method, prescriptive or indicative limitations of its use in treatment provided by specialised units (hereinafter the "coverage conditions"),
- not awarding coverage for medication or special medical nutrition,
- maximum prices of medication in compliance with legislation regulating prices and announced in the Bulletin issued by the Ministry of Health (hereinafter the "pricing regulation"),
- classification of medication into reference groups.

Health insurance does not cover examinations, check-ups, medication, special medical nutrition and health aids and other operations performed due to a personal interest and upon request of natural persons or in the interest of legal entities whose goal is not to maintain nor improve the health of the insured person. The paid-for care does not also cover examinations and other health operations performed under a court order, order of the Public Prosecution, state authorities or the Czech police. Coverage of healthcare operations mentioned in the preceding sentence will be provided to the healthcare institution which performed such treatment by the requesting authority in the amount determined by the list of treatment

operations which defines the point value in compliance with the decision of the Ministry of Finance.

B. In the Czech Republic, there is no general principle of patient participation (or his breadwinner) on the costs of medical treatment. However, since January 1, 2008 the so-called regulatory fees were introduced. Description of their legislative framework follows.

A covered person, or his/her guardian, is obliged to pay to the healthcare institution providing paid-for treatment a regulatory fee of 30, 60 or 90 CZK.

The 30 CZK regulatory fee applies to

- visits during which a clinical examination was performed (hereinafter the "visit") at the general practitioner's office, paediatrist, gynaecologist or the dentist,
- visit at the doctor's office who provides specialised healthcare,
- visit service provided by general practitioner or paediatrist,
- visit of clinical psychologist,
- visit of clinical logopedic doctor,
- issue of each, whether fully or partially covered, prescription for medication of special medical nutrition, without regard to the number of unit prescribed on one prescription.

The 60 CZK regulatory fee applies to

- each day of inpatient treatment or complex spa treatment or treatment in specialized children's hospitals or sanatoria, while the day the covered persons checks in and the day he/she checks out is counted as a single day; same applies to the stay of the child's guardian should such be subject to insurance coverage.

The 90 CZK regulatory fee applies to

- emergency service provided by healthcare institutions,
- first aid service whether provided by doctors or by dentists,
- institutional emergency service during the weekends and on work days between 17.00 and 7.00 o'clock, unless the covered person is subsequently admitted for inpatient treatment.

The regulatory fee does not apply to:

- covered persons in children's homes, school establishments providing institutional care or protective care,
- protective treatment ordered by court,
- treatment of contagious diseases which the covered person is obliged to undergo, during ordered isolation as an inpatient or during quarantine measures serving for the purposes of protection of public health under special legislation,
- covered persons who provides a decision, notification or confirmation issued by an authority assisting him/her in material distress regarding benefits provided under special legislation, which is not older than 30 days.

Regulatory fee of CZK 30 is also not paid in the first three instances of the situations including

- preventive examination,
- dispensary treatment provided to selected children older 1 year who are chronically ill or endangered by health disorders due to disadvantageous family or other social environment, and to pregnant women from the day when the pregnancy was discovered,
- haemodialysis,
- laboratory or diagnostic examination requested by the attending physician, unless a clinical examination is also performed,
- examination by physician at transfusion station prior to blood, plasma or bone marrow taking.

The regulatory fee is constitutes the revenue of the healthcare institution which collected it. The regulatory fee is being paid to the healthcare institution in connection with the treatment it provided at the time of its provision, with the exception of the regulatory fee in the amount of CZK 60 which is paid to the healthcare institution no later than 8 days after the release from treatment, and with the exception of inpatient treatment exceeding 30 days when the regulatory fee is being paid on the last day of each calendar month.

The healthcare institution collecting the fee is obliged to issue a receipt to the covered person upon his/her request showing the registration number of the covered person, the amount of the fee, day of payment, stamp of the healthcare institution which accepted the fee payment and name of the person who collected it; pharmacies should also list the name(s) of the medication or special medical nutrition and the amount of contribution which is counted into the statutory [fee] limit.

Healthcare institutions are obliged to provide healthcare insurers with information, within the accounting for the provided treatment for each calendar month or quarter, on the amount of the regulatory fees collected, providing registration numbers of covered persons who paid such fees, its amounts and dates.

Pharmacies are obliged to provide healthcare insurers with information, along with accounting for the relevant time periods, on the regulatory fees collected, providing registration numbers of covered persons who paid such fees, its amounts and dates of issue of the fully or partially covered medication or special medical nutrition which is counted into the statutory limit.

Healthcare institutions are obliged to collect regulatory fees from the covered persons or their guardians unless they are exempted from such payment. In the case of a repeated or systematic breach of such obligation be discovered the healthcare insurance providers are entitled to levy fines on such institutions up to CZK 50,000. Such fine may be imposed repeatedly. When levying the fine the insurance provider shall take into consideration the seriousness of the breach, degree of culpability and circumstances surrounding such breach(es). Fine may be levied within one year from that date when the insurance provider learned of the breach or failure to comply with the obligation, but not later than after 3 years the breach was committed. The fines imposed are the revenue of the insurance providers who levied them.

Simultaneously with the introduction of the regulatory fees on January 1, 2008 the **limit on the regulatory fees and supplementary charges for medication or special medical nutrition was introduced**. The description of the statutory regulation of these limits follows.

When the total amount of the 30 CZK fees or supplementary charges paid by covered person or his guardian for medication or special medical nutrition prescribed and covered by insurance, on the territory of the Czech Republic, exceed CZK 5,000 in one calendar year the health insurance providers shall be obliged to reimburse the covered person or her guardian any such amount which exceeded this limit. The limit in the first sentence takes into account all such supplementary charges for partially covered medication or special medical nutrition only up to the amount of the charge for the cheapest medication or special medical nutrition available on the market with the same content of the curative substance and the same method of application. This shall not apply if the doctor issuing the prescription indicates thereon that the prescribed medication cannot be substituted for another; in such case the limit takes into account the full supplementary charge on such medication.

The limit does not take into account supplementary charges on partially covered medication or special medical nutrition where the charge is less than 30 % of the maximum price of such partially covered medication or special medical nutrition which contains curative substance intended for supportive or supplemental treatment. List of curative substances intended for supportive or supplemental treatment is drawn up by the Decree of the Ministry of Health. List of medication covered or partially covered by health insurance, giving the amount of coverage and the amount of supplementary charge accountable into the limit is being published by the Ministry of Health by a method allowing remote access (viewing).

Healthcare insurance providers are obliged to reimburse the covered person or her guardian the amount exceeding the sum of all regulatory fees and supplementary charges notified to it by the healthcare institutions within 60 calendar days from the end of the calendar quarter in which such limit was exceeded. In calendar quarters following the calendar quarters in which the limit was already exceeded, the healthcare insurance providers shall be obliged to reimburse the covered person or her guardian the amount exceeding the sum of all regulatory fees and supplementary charges notified to it by the healthcare institutions within 60 calendar days from the end of each such calendar quarter. Amounts to be reimbursed under the first or second sentence which in the given calendar quarter did not amount to CZK 50 shall be reimbursed by healthcare providers within 60 calendar days after the last calendar quarter in the calendar year.

If a covered person changes the healthcare insurance provider during the calendar year the old healthcare insurance provider shall be obliged to notify the new healthcare insurance provider of the facts/sums which are required for the calculations of the limits according to the paragraphs above. The charges exceeding the statutory limits shall be reimbursed to the covered person or his guardian by the healthcare insurance provider where the covered person is registered at the end of the year during which such limit was exceeded. Healthcare insurance provider determined in the second sentence shall notify the healthcare insurance provider which covered the covered person during the year of the total amount of the charges exceeding the limit of that particular person along with the pro-rata amount which corresponds to the time period during which the covered person was insured with the provider who is thus notified. Healthcare insurance providers are obliged to pay such pro-rata amounts to the healthcare insurance provider specified in the second sentence within 30 days of the delivery of the notification on the amount of such amount.

C. In cases of pregnancy, childbirth and its consequences no participation on the costs of treatment provided is required. Regulatory fees are subject to regulation described above under letter B.

D. No change.

Article 11

No change.

Article 12

No change.

SECTION III – SICKNESS BENEFITS

Articles 13 and 14

No changes

Article 15

A. Czech Republic refers to letter a).

B. Not being applied.

C. Up-to-date statistical data:

A. Number of covered employees:	4,162,000
Number of covered self-employed individuals:	230,000
B. Total number of employees covered:	4,161,598

C. 100 %

Article 16

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

Chapter I

Up-to-date information (since January 1, 2008):

A. Rules for the calculation of the amount of sickness benefit:

1. Specified Period – 12 calendar months preceding the calendar month in which the insured person became unable to work.
2. Daily Assessment Base – Qualifying income divided by the number of calendar days of the specified period (some days are not counted to avoid an unjustified dilution of the daily assessment base – for instance days when sickness benefits were paid).
3. Qualifying Income – All income subject to social security contributions and contributions to the state employment policy that are calculated for an employee in the specified period.
4. Reduction of the Daily Assessment Base – from the amount up to the 1st reduction limit, 90 % of the qualifying income is counted; from the amount between the 1st and 2nd limit, 60 % is counted; the amount over the 2nd reduction limit is not taken into account.
5. In 2008, the 1st reduction limit is CZK 550 and the 2nd reduction limit is CZK 790.

6. The daily benefit is calculated as 60 % of the daily assessment base for the 4th to the 30th day of the sick leave, and as 69 % of the daily assessment base for the 31st through the 60th day of sick leave, and as 72 % for the 61st and following days.
7. The total sickness benefit is calculated as a multiple of the daily benefit and the number of calendar days of the sick leave.

B. The evaluation of the required level of sickness benefit is undertaken in accordance with Article 65, Paragraph 6 (b). In the Czech Republic, sick leave coverage is mandatory for all employed individuals. The subscription of self-employed individuals to the sickness insurance benefit program is voluntary.

C. In 2007, the average gross salary of a qualified blue-collar worker was CZK 23,002 (based on job classification category KZAM 72231 – metal lathe operator – tuning and service technician).

Chapter II

Up-to-date information:

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

- The calculation is made based on the gross monthly salary of a qualified blue-collar worker (based on job classification category KZAM 72231 – metal lathe operator – tuning and service technician) – which in 2007, i.e., CZK 23,002.
- Gross Salary = CZK 23,002; Net Salary = CZK 18,824 (the calculated income tax was reduced by the following deductions: CZK 600 for the taxpayer, 2 * 500 for the two dependent children and CZK 350 for a dependent spouse who does not have her own source of income exceeding CZK 38,040 per year).
- The 'Daily Assessment Base (DAB)' for the calculation of sickness benefits: The ratio between annual salary and the number of days in the year – i.e. CZK 23,002 * 12 / 365 = CZK 756.
- The daily assessment base is reduced as follows:
DAB: $550 * 90 \% + (756 - 550) * 60 \% = \text{CZK } 619$.
- Daily Sickness Benefit:
4th to 30th day of sickness leave: 60 % DAB, e.g. 60 % from 619 = CZK 372.
- **Monthly Sickness Benefit:** $30 * 372 = \text{CZK } 11,160$.
- **Benefit for 2 children** (aged 6 – 15): $2 * 610 = \text{CZK } 1,220$.
- Sickness Benefit + Benefit for 2 children: $11,160 + 1,220 = \text{CZK } 12,380$.
- Income prior to sickness: $18,824 + 1,220 = \text{CZK } 20,044$.
- The **ratio** between income after sickness (sickness benefit + benefit for two children) and pre-sickness income (net salary + benefit for two children): $12,380 / 20,044 = 61.8 \%$.

Monthly salary (CZK)		Benefits for 2 children (CZK/month)	Sickness benefit monthly	Ratio sickness benefit/ salary in % *)	
Gross	Net			Gross	Net
23,002	18,824	1,220	11,160	51.1	61.8

*) including benefits for 2 children

The European Social Security Code requires that the ratio of the sickness benefit in comparison with the pre-distribution income reaches 45 %. Czech Republic fulfils the required level of the amount of sickness benefit both in respect of the gross and the net salary.

B. Not being applied.

C. No change.

Article 17

No change.

Article 18

No change.

SECTION IV – UNEMPLOYMENT BENEFITS

Article 19

No change

Article 20

Unemployment benefit is provided to individuals

- who are applicants for a job (is not in employment relationship or service relationship with exceptions specified in paragraphs 3 and 5 of § 25, who is not self-employed, who is not a person who is systemically preparing for future employment, or does not carry out other activities which would restraint him/her from being recorded and maintained in the records of applicants under § 25 para 1 of the Act on Employment),
- who fulfil the conditions to claim the unemployment benefit, which consists of the employment or other gainful activity which imposes the obligation to pay insurance for pension benefit and the contribution to the national policy of employment for at least 12 month during the specified period (3 years prior to being admitted on job applicant records),
- who request the Labour Office to provide him/her with the unemployment benefit
- who is not a recipient of retirement pension

Since January 1, 2008 the job applicants who are not eligible for unemployment benefit include:

- whose employment relationship has been terminated within the last 6 months prior to being admitted on the record of job applicants for the reasons a serious breach of obligations arising to him in connection with his employment position; same applies to any other terminations of employment for similar reasons,
- who can claim end-of-service benefits under special legislation and such benefit is higher than unemployment benefit which the job applicant would receive if he had no claim to the said end-of-service benefit.

Should the above conditions be fulfilled the unemployment benefit is provided from the day of the submission of the application for this benefit.

Article 21

A. Czech Republic refers to letter a).

B. The group of covered individuals includes all persons who meet the qualifying requirements for unemployment benefits, in accordance with Act No. 435/2004 Coll.

C. Up-to-date statistical information:

- A. Number of covered employees: 4,253,938
- B. Total number of employees: 4,253,938
- C. 100 %

Article 22

A. Czech Republic refers to provisions of Article 65.

Chapter I

A. Up-to-date information related to paragraph 3 of the Article 65

The maximum level of unemployment benefit (0.58 times of the average salary in the domestic economy during the first through the third quarter of the calendar year preceding the calendar year in which the application for unemployed benefit is submitted c) reached in 2008 the amount of CZK 12,249 per month.

B. Does not apply.

C. No changes.

Chapter II

Up-to-date information (since January, 12008):

D through G.

The average net montly salary of a qualified blue-collar worker reached CZK 18,824, benefit for 2 children reached CZK 1,220, previous income including benefits for children reached CZK 20,044.

The amount of the benefit of a typical blue-collar worker during the first three months of unemployment

Amount of the benefit (50 % of the average net income preceding unemployment) <i>/net salary/</i>	Benefit for children	Total income	% from the previous income plus children's benefit
CZK 10,022	CZK 1,220	CZK 11,242	56.1

The amount of the benefit of a typical blue-collar worker during the subsequent three months of unemployment (in case of a job applicant aged 50 plus in the subsequent 6 or nine months)

Amount of the benefit (45 % of the average net income preceding unemployment) /net salary/	Benefit for children	Total income	% from the previous income plus children's benefit
CZK 9,020	CZK 1,220	CZK 10,240	51.1

B. Does not apply.

C. No changes.

Article 23

Up-to-date information:

Commitments in lieu of employment include the following: the preparation of a person with a health impairment for employment, full invalidity pension, basic military service, community service, personal care for a child up to 4 years of age, personal care for a person who is under special legislation considered to be a person fully dependable on assistance of another person in the second degree (medium to heavy dependency), in the third degree (heavy dependency) or in the fourth degree (total dependency), who live with the job applicant in one household and who cover their needs together (these conditions do not apply is such person, who is considered for the purposes of pension benefits to be a close person), engagement in long-term voluntary service with an average workload in excess of 20 hours per week (on the basis of a contract between the volunteer and the respective organization, which is accredited by the Ministry of the Interior) and the consistent preparation for a future profession (in this case, however, only a period of up to 6 months in length will qualify).

In situations in which the person meets the requirements to qualify as a person with a commitment in lieu of employment, the unemployment benefits for the first 3 months of the unemployment are calculated at 0.12 times of the person's average salary in the domestic economy; and, for the remaining months, the benefits are calculated at 0.11 times of this average salary.

Article 24

Up-to-date information:

Unemployment benefit may be paid out to another member state of the European Union in compliance with the Regulation (EC) No. 1408/71.

PART V – OLD-AGE BENEFIT

Article 25 and 26

Up-to-date information:

The retirement age is specified under Section 32 of Act No. 155/1995 Coll. In 2008, the retirement age for men was 61 years and 10 months; for childless women, 60 years and four months; for women who raised one child, 59 years and four months; for women who raised two children, 58 years and four months; for women who raised three or four children, 57 years and four months; and for women who raised five or more children, the retirement age is 56 years and four months. The retirement age is being increased annually by 2 months for men and by 4 months for women – until the numbers reach age 63 for men and childless women; for women who raised one child, 62 years; for women who raised two children, 61 years; for women who raised three or four children, 60 years; and for women who raised five or more children, the retirement age will reach 59 years.

Article 27

A. Czech Republic refers to letter a).

B. The group of covered individuals includes the groups, which are specified under item (b). In this case, covered individuals are persons who are (or used to be) subscribers to the pension insurance program. Subscription to the pension insurance program is mandatory for all economically active individuals, both employed and self-employed. Under the applicable law, there are certain other population groups that are also covered by pension insurance, without having to make contributions (these include students, persons performing basic military service and women caring for a child of up to 4 years of age).

C. Up-to-date information:

A. Number of covered employees:	4,253,938
Number of covered self-employed:	713,910
B. total number of employees:	4,253,938
C. 100 %	

D. Not being applied.

Article 28

A. Czech Republic refers to Article 65

Chapter I

Up-to-date information (since January, 1 2008):

A. Pension benefits are composed of the following two parts:

Basic Part: CZK 1,700 a month.

Percentage Part: This part is based on the person's income (calculated using the calculation base) and the number of years for which the person has been a subscriber to the pension insurance program. For old age benefits, this amounts to 1.5 % of the calculation base for each year of being subscribed to the pension insurance program. The calculation base is determined based on the average indexed gross income (earnings are indexed based on increases to the average salaries paid in the domestic economy). This applies for the period from 1986 to the year preceding the year in which the person first qualified for old age benefits. When determining the calculation base, the above-referenced average value ('personal assessment base') is reduced so that only 30 % of the person's income is counted between the 1st and the 2nd reduction limits and only 10 % of the person's income is calculated above the 2nd reduction limit.

In 2008, the reduction limits were CZK 10,000 and CZK 24,800 (these limits are increased annually on the basis of the increases in salaries).

B. No changes.

C. In 2007, the average gross salary of a qualified blue collar worker was CZK 23,002 (based on job classification category KZAM 72231 – metal lathe operator – tuning and service technician).

Chapter III

Up-to-date information (since January 1, 2008):

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

- The calculation is made based on the gross monthly salary of a qualified blue-collar worker (based on job classification category KZAM 72231 – metal lathe operator – tuning and service technician) – which in 2007 was CZK 23,002.
- **The net salary** for an individual with a dependent spouse reaches CZK **17,842**.
- The personal assessment base (CZK 23,002) is reduced by $10,000 + (23,002 - 10,000) * 30\% = \text{CZK } 13,901$.
- The percentage part of the benefits for thirty years of insurance subscribing = $30 * 1.5\% * 13,901 = \text{CZK } 6,256$.
- **Monthly old age benefit:** Basic Part + Percentage Part = **1,700 + 6,256 = 7,956**.
- The **ratio** between income after the start of the distribution of benefits (old age benefit) and income during employment (net salary): $7\,956 / 17\,824 = 44.6\%$.

Salary in CZK / month		Amount of pension in CZK	Ration pension / salary in %	
Gross	Net		Gross	Net
23,002	17,824	7,956	34.6	44.6

The European Social Security Code requires that the ratio of the old age benefit in comparison with the prior income reaches 40 %. Czech Republic fulfils the required level of the amount of old age benefit in respect of the gross salary.

Article 29

No change.

Article 30

No change.

SECTION VII – FAMILY BENEFITS

Article 39 and 40

Up-to-date information:

In order to qualify for children's benefits, the family's income cannot exceed an amount equal to 4 times of the minimum family subsistence level (this applies to period ending on December 31, 2007. Since January 1, 2008, this amount equals to 2.4 of the minimum subsistence level.

Since January 1, 2007 the minimum subsistence level has been composed of only a single component, which only contains the part of the minimum subsistence level related to food and other basic personal needs (hygienic supplies, clothing, shoes, etc.). Due to the substantial differences in housing costs, the parts of the minimum subsistence level that relate to housing have been excluded and two new types of benefits have been introduced to cover the cost of housing (the housing allowance paid from the state social support allowance system and a housing allowance paid in accordance with the Act on assistance to individuals requiring material support).

Due to a greater level of motivation, the concept of a minimum survival level was introduced in addition to the minimum subsistence level. This was introduced starting in January 1, 2007 and it is used for adult individuals requiring material support.

Since January 1, 2007 the monthly amounts of minimum subsistence according to Act No. 110/2006 Coll. reach (in CZK):

- a) 3,126 for individuals
- b) 2,880 for the first adult person in the household
- c) 2,600 for the second and other adult persons in the household
- d) 1,600 for a child under 6
- e) 1,960 for a child between 6 and 15
- f) 2,250 for a child between 15 and 26

The minimum family subsistence level is the total of all minimum subsistence amounts provided for the individual members of the household. The minimum survival level in accordance to the Act No. 110/2006 Coll. amounts to CZK 2,020 monthly.

Before December 31, 2007 the benefit for a child was provided in three different amounts depending on the age of the child and the decisive income amount of the family. In order for a claim to arise the decisive amount must be lower than the total product of subsistence level of the family and the coefficient of 4.0.

Since January 1, 2008 the benefit for a child was provided in three different amounts depending on the age of the child. The entitlement arises to any dependent child living in the family whose decisive income is lower than the total product of subsistence level of the family and the coefficient of 2.4.

Article 41

A. The group of covered individuals is defined under Act No. 117/1995 Coll. on state social support. In terms of children's benefits, unprovided-for children are considered part of the covered group. The child's entitlement to such benefits is not conditioned by the fact of whether or not the child's parent is a subscriber to the pension insurance program or to the sickness insurance program.

B. In 2007, children's benefits were provided to approximately 70 % of all unprovided for children and according to preliminary calculations in 2008 it will be provided to approximately 37 % of all unprovided for children.

Article 42

Czech Republic refers to paragraph a).

Children's benefits paid on the basis of the family's income (monthly) from January 1, 2007 to December 31, 2007 (CZK):

- a) Family income of up to 1.5 times of the minimum family subsistence level (allowance calculation: factor 0.36 times of the minimum subsistence level)
 - up to 6 yrs 576
 - 6 – 15 yrs 706
 - 15 – 26 yrs 810

- b) Family income between 1.5 and 2.4 times of the minimum family subsistence level (allowance calculation: factor 0.31 times of the minimum subsistence level)
 - up to 6 yrs 496
 - 6 – 15 yrs 608
 - 15 – 26 yrs 698

- c) Family income between 2.4 and 4.0 times of the minimum family subsistence level (allowance calculation: factor 0.16 times of the minimum subsistence level)
 - up to 6 yrs 256
 - 6 – 15 yrs 314
 - 15 – 26 yrs 360

Benefits paid for children depending on the age of the child (monthly) since January 1, 2008:

up to 6 yrs	500
6 – 15 yrs	610
15 – 26 yrs	700

Article 43

No change.

Article 44

Up-to-date information for 2007 (in CZK):

Children's benefit expenditures of the state social support system	10.2 billion
Number of unprovided-for children	2,394.1 thousand
Number of unprovided-for children qualified for children's benefits.....	1,676,4 thousand
Gross salary of unqualified blue-collar worker	15,964.00

Required family benefit expenditures:

15,964 (gross salary of unqualified blue-collar worker) * 0.015 (1.5 % salary) * 12 (months) *
2,394.10 (thousands of children) = **6.88 billion CZK.**

Article 45

No change.

SECTION VIII – MATERNITY BENEFITS

Articles 46 and 47

No change.

Article 48

A. Czech Republic refers to letter a).

B. No change.

C. Up-to-date information:

A. Number of covered employees:	
a) Employees with pension insurance	4,253,938
b) Self-employed with pension insurance	215,541
B. Total number of employees	4,253,938
C. 100 %	

Article 49

No change

Article 50

A. Czech Republic refers to Article 65.

B.

Chapter I

Up-to-date information (since January 1, 2008):

A. Rules for the calculation of maternity benefits

1. Specified Period – 12 calendar months preceding the calendar month in which the employee started 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 to avoid an unjustified dilution of the daily assessment base – for instance days when sickness benefits were paid).
3. Qualifying Income – All income subject to social security contributions and contributions to the state employment policy that are calculated for an employee in the specified period.

4. Reduction of the Daily Assessment Base – The entire amount is counted until the 1st reduction limit is reached; 60 % of the amount is counted between the 1st and 2nd reduction limits; the amount above the 2nd reduction limit is not taken into account.
5. For 2008, the 1st reduction limit is CZK 550 and the 2nd reduction limit is CZK 790.
6. The daily benefit is calculated as 69 % of the daily assessment base.
7. Maternity benefits are 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 who are taking care of at least two of such children.

B. No change.

C. In 2007 the average gross salary of a qualified blue-collar worker was CZK 23,002.

Chapter V.

Up-to-date information (since January 1, 2008):

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

- The calculation is performed on the basis of the average gross salary of a qualified blue-collar worker in 2007, i.e. CZK 23,002.
- **The net salary** (of the taxpayer) amounts to CZK **17,474**.
- The daily assessment base (DAB) for the calculation of maternity benefits: the ratio between annual salary and the number of days of the year – i.e. $CZK\ 23,002 * 12 / 365 = CZK\ 756$.
- The daily assessment base is reduced as follows: (the 1st reduction limit is CZK 550, the 2nd reduction limit is CZK 790).
DAB from the first day: $550 + (756 - 550) * 60\% = CZK\ 674$.
- Daily maternity benefit (from the 1st day): $69\% * 674 = CZK\ 466$.
- **Monthly maternity benefit:** $30 * 466 = CZK\ 13,980$.
- **The ratio** between income after distribution of the benefits (maternity benefits) and pre-distribution income (net salary): $13\ 980 / 17\ 474 = 80.0\ \%$.

Salary in CZK / month		Maternity benefit in CZK / month	Ration MB / salary in %	
Gross	Net		Gross	Net
23,002	17,474	13,980	60.8	80.0

Article 51

No change

Article 52

No change

SECTION IX – INVALIDITY BENEFIT

Article 53 and 54

No change.

Article 55

A. Czech Republic refers to letter a).

B. No change.

C. Up-to-date information:

A. Number of covered employees:	
a) Employees with pension insurance	4,253,938
b) Self-employed with pension insurance	713,910
B. Total number of employees	4,253,938
C. 100 %	

Article 56

Czech Republic refers to Article 65.

Chapter I

Up-to-date information (since January 1, 2008):

The benefit consists of repetitive payments – the amount of which is calculated by using the same rules as those used for the old age benefit (see the text of Article 26).

A. Rules for the Calculation of full Invalidation Benefit

Invalidation benefits are made up of the following two parts:

Basic part: amounts to CZK 1,700 a month.

Percentage Part: This is based on the person's income (calculated using the calculation base) and the number of years for which the person has been a subscriber to the insurance program. For a full invalidity benefit, this amounts to 1.5 % of the calculation base for each year of being subscribed to the pension insurance program. The calculation base is determined based on the average indexed gross income (earnings are indexed based on increases to the average salaries paid in the domestic economy). This applies for the period from 1986 through the year preceding the year in which the person first qualified for the benefits. When determining the calculation base, the above-referenced average value

('personal assessment base') is reduced so that only 30 % of the person's income is counted between the 1st and the 2nd reduction limits and only 10 % of the person's income is calculated above the 2nd reduction limit.

In 2008, the reduction limits were CZK 10,000 and CZK 24,800 (these limits are increased annually on the basis of the increases in salaries).

B. No change.

C. In 2007, the average gross salary of a qualified blue collar worker was CZK 23,002 based on job classification category KZAM 72231 – metal lathe operator – tuning and service technician).

Because social benefits in the Czech Republic are not subject to tax (with the exception of pension benefits that exceed CZK 198,000 per year and which are included in taxable income) and they are not subject to health insurance or social security contributions, it is possible to calculate the percentage share of the person's net salary that these benefits represent. In the Czech Republic, the total number of years for which the individual has been insured, which is used for the calculation of the invalidity benefit level, also includes the time between the date on which the person qualified for full invalidity benefit and the person's retirement age. That is why it can be assumed, when determining the level of benefits, that the person has been insured for 30 years.

Chapter II

Up-to-date information (since January 1, 2008):

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

- The calculation is performed on the basis of the average gross salary of a qualified blue-collar worker in 2007, i.e. CZK 23,002.
- **Net salary** of the taxpayer with a dependent spouse and 2 children amounts to CZK **18,824**.
- The personal assessment base (23,002) is reduced by: $10,000 + (23,002 - 10,000) * 30\% = \text{CZK } 13,901$.
- The percentage part of the benefit due for the thirty years of insurance subscription: $30 * 1,5\% * 13,901 = \text{CZK } 6,256$
- **Monthly full invalidity benefit:** Basic part + percentage part: $1,700 + 6,256 = \text{CZK } 7,956$.
- The **benefit** for 2 children aged 6 to 15 years: $2 * 610 = \text{CZK } 1,220$.
- Full invalidity benefit and benefits for 2 children: $7,956 + 1,220 = \text{CZK } 9,176$.
- Pre-distribution income: $18,824 + 1,220 = \text{CZK } 20,044$.
- **The ratio** between income after the start of the distribution of benefits (invalidity benefit + children's benefits for two children) and pre-distribution income (net salary + children's benefits for two children): $9,176 / 20,044 = 45.8\%$.

Salary in CZK / month.		Benefits for 2 children	Full invalidity benefit in CZK/month	Ration benefit / salary*)	
Gross	Net			Gross	Net
23,002	18,824	1,220	7,956	37.9	45.8

*) incl. benefits for 2 children

Chapter VI

Please see Annex 1

Article 57

No change

Article 58

An individual is entitled to a full invalidity benefit for the entire duration of their total invalidity. There is no need to transfer to an old age benefit program. The following applies with respect to Article 68:

- a) If the total invalidity occurred before the person reached the age of 18, the benefit is not paid if the recipient is not a permanent resident of the Czech Republic.
- c) The full invalidity benefit will not be paid while the person is receiving sickness benefits for which the person became qualified before having become qualified for the invalidity benefit.
- d) If it is discovered that the person no longer qualifies for the invalidity benefit or its payment, the benefit is cancelled or the payment is discontinued. If the benefit has been awarded or is being paid in an amount greater than the amount to which the person actually qualifies or if the benefit has been awarded or is being paid despite the fact that the person should not qualify, the benefit is reduced or cancelled and the payments are discontinued, starting on the day following the end date of the period for which the benefits were paid. If the benefit has been awarded in an amount less than the amount to which the person would be entitled or if the benefit has been wrongfully denied and / or if it has been awarded on a date occurring after the date on which the person was supposed to be entitled to such a benefit, the benefit is either increased or awarded starting on the date on which the person would have become entitled to such a benefit or its increase. However, benefits can only be awarded retroactively for three years prior to the date on which the entitlement to such a benefit or its increase has been discovered or claimed.
- e) If the total invalidity occurred to an injury that was either self-inflicted or allowed to be committed against the injured individual or was an injury that was incurred by the individual as a consequence of a criminal act, intentionally committed by the injured individual, the time between the date on which the person became entitled to a full or partial invalidity benefit and the date on which the person reaches retirement age does not count in

calculating the total of the full or partial invalidity benefit amount to which the person is entitled.

- f) The distribution of full invalidity benefit payments can be discontinued if the recipient has failed to undergo a medical examination.

SECTION X – SURVIVORS' BENEFIT

Article 59 and 60

No change

Article 61

A. Czech Republic refers to letter a).

B. No change.

C. Up-to-date statistical data:

A. Number of covered employees:	
a) Employees with pension insurance	4,253,938
b) Self-employed with pension insurance	215,541
 B. Total number of employees	 4,253,938
 C. 100 %	

Article 62

A. No change

Chapter I

Up-to-date information (since January, 1 2008):

A. Rules for the Calculation of Widow (or Widower) Benefits

The benefits are made up of the following two parts:

Basic part: amounts to CZK 1,700 a month.

Percentage Part: This is based on the deceased person's income and the number of years that the person had been a subscriber to the insurance program.

Percentage Part:

- **Widow (widower)** benefits: 50 % of the full invalidity or old age pension benefit to which the deceased person was or would have been entitled (see 'old age' or 'full invalidity' benefits).
- **Orphan** benefits: for each parent, the orphan is entitled to 40 % of the full invalidity or old age pension benefit to which the deceased person was or would have been entitled (see 'old age' or 'full invalidity' benefits).

B. No change

C. In 2007 the average gross salary of a qualified blue-collar worker was CZK 23,002.

Chapter IV

Up-to-date information (since January, 1 2008):

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

- The calculation is made based on the gross monthly salary of a qualified blue-collar worker (based on job classification category KZAM 72231 – metal lathe operator – tuning and service technician) – which in 2007 amounted to CZK 23,002.
- **The net salary** for a family with 2 children (and only one parent) amounts to CZK **18,474**.
- The personal assessment base: (CZK 23,002) is reduced by 10 000 + (23 002 – 10 000) * 30 % = CZK 13,901
- The percentage part of the old age (full invalidity) benefit, to be paid to the deceased person for thirty years of insurance subscribing: 30 * 1.5 % * 13,901 = CZK 6,256.
- The percentage part of the widow (widower) benefit: 50 % from 6,256 = CZK **3,128**.
- **Monthly widow (widower) benefit:** Basic Part + Percentage Part = 1,700 + 3,128 = CZK **4,828**.
- The percentage part of the orphan benefit: 40 % from CZK 6,256 = CZK **2,503**.
- **Monthly orphan benefit:** Basic Part + Percentage Part = 1,700 + 2,503 = CZK **4,203**.
- The **benefits** for two children (ages 6 – 15) = 2 * CZK 610 = CZK 1,220.
- Widow (widower) benefit + orphan benefit (2 orphans) + children's benefit (2 children) = CZK 4,828 + 2 * CZK 4,203 + CZK 1,220 = CZK **14,454**.
- Pre-distribution income: 18,474 + 1,220 = CZK 19,694.
- **The ratio** between income after distribution of the benefits (survivors' benefits + children's benefits for two children) and pre-distribution income (net salary and children's benefits for two children): 14,454 / 19,694 = **73.4 %**.

Salary in CZK / month		Benefit for 2 children	Survivor's benefit in CZK	Ration benefit / salary *)	
Gross	Net			Gross	Net
23,002	18,474	1,220	13,234	59.7	73.4

*) incl. benefits for 2 children

Chapter VI

Please see Annex 1

Article 63

No change.

Article 64

Widow (widower) benefits are paid for the period of one year following the death of the recipient's spouse; and afterwards, the benefits are paid under the conditions established under Section 50 of Act No. 155/1995 Coll. on pension insurance (as amended) – i.e. in situations in which the survivor:

- a) is taking care of an unprovided-for child.
- b) is taking care of a child that is dependent on the care of another person in Category II (medium to heavy dependency) or Category III (heavy dependency) or Category IV (total dependency).
- c) is taking care of his or her parent or the parent of the deceased spouse, with whom the recipient is sharing the same household and who is dependent on the care of another person in Category II (medium to heavy dependency) or Category III (heavy dependency) or Category IV (total dependency).
- d) is totally disabled, or
- e) has reached the age of 55, if a woman (or 58, if a man), or has reached retirement age, if a lower retirement age applies.

In order to become qualified for an orphan benefit, the child must be regarded as 'unprovided-for'. The definition of an 'unprovided-for child' is covered under Section 20, Subsection 3 of the act on pension insurance. The child can maintain this status until the completion of mandatory attendance at school. Afterwards, the child can maintain this status up until the age of 26, provided the child meets certain additional criteria. The entitlement to a widow (widower) benefit ceases once the recipient remarries. The entitlement to an orphan benefit ceases upon the child's adoption.

The following applies with respect to Article 68:

- 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 in an amount greater than the amount to which the person actually qualifies or if the benefit has been awarded or is being paid despite the fact that the person should not qualify, the benefit is reduced or cancelled and the payments are discontinued, starting on the day following the end date of the period for which the benefits were paid. If the benefit has been awarded in an amount less than the amount to which the person would be entitled or if the benefit has been wrongfully denied and / or if it has been awarded on a date occurring after the date on which the person was supposed to be entitled to such a benefit, the benefit is either increased or awarded starting on the date on which the person would have become entitled to such a benefit or its increase. However, benefits can only be awarded retroactively for three years prior to the date on which the entitlement to such a benefit or its increase has been discovered or claimed. (Section 56). If the amount of the widow (widower) benefit to which the recipient had become entitled (re-entitled) prior to January 1, 1996 or the amount to which the recipient had become re-entitled after December 31, 1995, based on Section 82, Subsection 2, had been either limited (due to the fact that it overlapped an entitlement to an old age or full invalidity benefit, based on regulations that were in effect prior to January 1, 1996) or if the widow (widower) benefit was not paid for such reasons, the amount of this benefit shall be adjusted (starting with the payment due after July 1, 2006) by adding the difference between

the amount being paid and the amount, which would have been paid without such a restriction being in effect. If the widow (widower) benefit was not being paid for the above-noted reasons, the date on which the widow (widower) benefit has been awarded shall be the day on which the person has become entitled to such a benefit (Section 82a).

- e) The entitlement to a widow (widower) benefit shall cease on the date on which a decision of the court, stating that the widow (widower) had intentionally caused the death of the spouse, as an offender, co-offender or participant in a criminal act (Section 50, Subsection 6), becomes legally effective. The above shall apply accordingly to orphan benefits.

Annex No. 1

The year-to-year indexing of old age benefits, average gross nominal salaries and consumer prices (living expenses) per Article 65, Chapter VI.

		Old Age benefit		Average Salary		Average Year-to-Year Consumer Price Index (living expenses)
		Amounts in CZK, Index in %		Amounts in CZK, Index in %		
A start	2001	6,352		14,793		104.7
	2002	6,830	107.5	15,866	107.3	101.8
	2003	7,071	103.5	16,917	106.6	100.1
	2004	7,256	102.6	18,041	106.6	102.8
B end	2005	7,728	106.5	18,992	105.3	101.9
	2006	8,173	105.8	20,219	106.5	102.5
	2007	8,736	106.9	21,694	107.3	102.8
	2008 (1 st 6 mo.)	8,941	102.3			