



**SICKNESS ALLOWANCE  
EMERGENCY HOSPITAL CARE  
SPECIAL MEDICAL CARE**



# SICKNESS ALLOWANCE

IKA grants a sickness allowance to persons directly insured with the Institute, who have completed no less than 100 insurance covered days in the year or fifteen-month period preceding the notification of the sickness, not taking into account the insurance covered days of the last quarter.

In the case of construction workers, the above requirement is reduced to 80 insurance-covered days. This reduction applies provided 200 insurance-covered days have been completed in construction works in the two calendar years or 30 months immediately preceding the notification of sickness, without taking into account the insurance-covered days of the last quarter. Otherwise, 100 days are required. Leave days and the 20% increment are taken into account for the calculation of the fulfillment of these prerequisites.

The sickness allowance is paid by the Sickness Benefits Department of the Local IKA Social Security Branch of the insured person's place of residence, where the following original supporting documents must be submitted:

## REQUIRED SUPPORTING DOCUMENTS

1. Social Security Booklets (Extract from the Personal Social Security Record or Social Security Identity & Contributions Card – DATE – or, if no Extract from the Personal Social Security Record has been issued, then a certification issued by the employer, validated by the IKA office of the employer's area). These are submitted and remain at the Branch during the whole period of the payment of the allowance.
2. Personal Health Booklet and family Health Booklet, if any, for the calculation of the increment due to family burdens.
3. A certification issued by the employer, certifying that the insured has stopped working and is absent

from work during the period of payment of the allowance.

4. A medical opinion certifying that the insured is not fit for work (work disability report in triplicate signed by the treating physician and Director of the Local IKA Health Unit (or his/her substitute) in the case of unfitness for work of up to 15 days. In the case of unfitness for work for a period of more than 15 days, such a report is required by the Primary Health Committee of the Health Unit upon referral of the case by the treating physician.

## ADDITIONAL SUPPORTING DOCUMENTS FOR SPECIAL CASES:

### I. ACCIDENT

- In the case of the allowance being paid because of an accident at the place of work or outside the place of work, in addition to the above supporting documents, a decision of the Director of the competent IKA Social Security Branch is required, characterizing the accident as such, following the notification of the accident within 5 working days from the date thereof or the date of discharge from the hospital, if hospitalization was involved.

### II. HOSPITALIZATION AT A STATE HOSPITAL OR IKA-AFFILIATED CLINIC

- In the case of hospitalization at a state hospital, the discharge notice and the admitting and treating physician's report are required.

### III. HOSPITALIZATION AT A NON IKA-AFFILIATED CLINIC

- In order for the Sickness Allowance to be paid for the period of hospitalization at a non-IKA affiliated clinic, an opinion is required by the Primary Health Committee, which must be notified to the IKA instruments within 30 days from the date of admission into the Clinic.

# EMERGENCY HOSPITAL CARE

IKA will reimburse the expenses incurred for the emergency hospitalization of IKA insured members and pensioners in non IKA-affiliated clinics (private clinics), on the basis of the State-set rates.

The following prerequisites must be met in order for the expenses to be reimbursed:

- The beneficiary must notify his/her emergency hospitalization to the IKA Health Unit in whose area the non-affiliated clinic is situated, within thirty (30) days of the date of his/her admission, and
- The urgent nature of the case must be verified by the competent IKA auditor-physician.

## REQUIRED SUPPORTING DOCUMENTS

1. Health Booklet, whether personal or family-type, if the hospitalization involves a protected family member.
2. An application submitted to the IKA Health Unit, which supervises the clinic, with the original expense certificates attached.

The expenses will be reimbursed by the Benefits Department of the Local IKA Social Security Branch of the insured's place of residence, where the above original documents were submitted.

# SPECIAL MEDICAL CARE

IKA reimburses the cost of medical tests and procedures to its insured members and pensioners, when these tests and procedures are made in non IKA-affiliated laboratories, on the basis of the State-set rates, provided the case is characterized as an emergency by the IKA auditor-physician.

In order for the costs to be reimbursed, the following prerequisites must be met:

- The beneficiary must notify the case to his/her local IKA Health Unit, within thirty (30) days of the date of provision of healthcare, and
- The urgent nature of the case must be verified by the competent IKA auditor-physician.

The costs are reimbursed by the Sickness Benefits Department of the Local IKA Social Security Branch of the insured member's place of residence.

## REQUIRED SUPPORTING DOCUMENTS

1. Personal Health Booklet, or family Health Booklet if the healthcare involves a protected family member.
2. An application submitted to the Local IKA Health Unit, with the original receipts attached.
3. In the case of tests performed at the outpatients' clinics of State Hospitals costing up to EUR 100, the application is submitted directly to the Benefits Department of the Local IKA Social Security Branch and the opinion of the IKA auditor-physician concerning the urgent nature of the case is not required.