
TURKEY

Monetary unit

Social expenditures are expressed in millions of Turkish liras (TRY).

General notes:

The individual country notes of the OECD Benefits and Wages (www.oecd.org/social/benefits-and-wages.htm) provide a comprehensive description of characteristics of social programmes (e.g. conditions for receipt, calculation of payment rates, tax treatment of social support, benefit duration, etc.) for the working-age population, including: unemployment insurance and assistance, social assistance, employment-conditional benefits, housing benefits, family benefits, childcare support, and support for sole parent households.

Break in series

Data on total public expenditure are underestimated for periods 1981-1985 and 1990-95 because data on public expenditure on LMP are not available for these years.

Spending from 2000 to 2004 are not available.

Program of “Care to adults aged 65 and over” and Disability pension (means tested) were transferred to transferred to the Ministry of Family and Social Politics in 2012, data should be obtained from Ministry of Family. Cash benefits for Unemployment is the responsibility of İŞ-KUR. (Institution for the Employment)

Secretariat estimates

Aggregate spending are linearly estimated from 2000 to 2004 using 1999 and 2005 data.

Veteran’s old age pension: for the years 1998 and 1999, the extrapolations have been based on average annual growth rate during the preceding two years and estimates remained constant for 2012- 2013.

Data on public health services are estimated for the period 1981-1983, the extrapolations have been based on linear increase for the period 1980-1984.

Sources

Ministry of Labour and Social Security.

OECD Health Statistics (www.oecd.org/health/healthdata).

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Database on Social Expenditure (www.oecd.org/social/expenditure.htm)

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GENERAL INFORMATION ABOUT SOCIAL SECURITY SYSTEM

Social security institutions responsible for execution of different legal provisions set for different groups of employees in Turkey have been united and Social Security Institution has been established by the Law of Social Security Institution no. 5502 and published on Official Gazette dated 20.05.2006.

Social Security Institution established with the Law no. 4958 (for workers employed under a service contract, subject to the Law no. 506 and 2925), Social Security Institution for Craftsmen, Tradesmen and Other Self-Employed established with the Law no. 1479 (for the self-employed subject to the Law no. 1479 and 2926) and Republic of Turkey Retirement Fund established with the Law no. 5434 (for those working in public administrations, subject to the Laws no. 5434, 657, 1005, 3292 and 2022) were delegated to Social Security Institution with their missions.

Social Insurance and Universal Health Insurance Law no. 5510 was prepared with the aim of achieving the same standards and norms for the insurance schemes and implementations of Social Security Institutions united by Social Security Reform and according to the principle of sustainability, was enacted by the Grand National Assembly of Turkey in 2006 and came into force on 01/10/2008. Thus, a single regulation began to be in effect for social security implementations, instead of different legal provisions for different employee groups.

As a result of the repeal of the Laws no. 506, 2925, 1479, 2926 and 5434, and with the approval of the Law no. 5510, definitions for the insurance holders totally changed.

According to the Law no. 5510, classification of insurance holders who began to work by the beginning of October 2008 for the first time with insurance is regulated as follows:

- Individuals who are employed by one or more employer through a service contract (4/a),
- Individuals working on his/her own name and account without being bound by a service contract (4/b),
- Individuals working in the public administrations (4/c).

Accordingly, insurance holders subject to the Laws no 506 and 2925 before October 2008 are covered by item 4/a, insurance holders subject to the Laws no. 1479 and 2926 before October 2008 are covered by item 4/b and insurance holders subject to the Law no. 5434 before October 2008 are covered by item 4/c.

In respect to the Law no. 5510, for short and long term insurances and universal health insurance, the Institution is obliged to collect, and the concerned parties are obliged to pay, premiums in order to cover any kind of payment foreseen in this Law and management expenses. Insurance benefits covered in the Law are financed with the premiums collected from the employees and the employers. Nevertheless, The State contributes to the Institution, at a rate of one fourth of the invalidity, old - age and survivors insurances and universal health insurance premium collected by the Institution per month.

Social benefits and services provided to the groups, which are out of the contribution system and subject to indigence criteria, are under the social security coverage of the State.

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Code	Title of the programme	Description of the programme and attached notes
1.	OLD AGE	
792.10.1.1.1.1	Old age pension	<p>This program covers groups of employees as defined by the legislation. These include active working insurance holders, who are subject to item 4/a (working on service contract), 4/b (self-employed) and 4/c (those working in public administrations). The insurance holder is paid old age pension and old age single payment from the old age insurance.</p> <p>Conditions for old age pension: For the individuals who are deemed to be insurance holder with this Law for the first time, old - age pension shall be granted provided that the individual is over 58 if the individual is female or over 60 if the individual is male and that minimum 9000 days of invalidity, old - age and survivors insurance premiums are notified. However, the number of premium days condition shall be applied as 7200 premium days for the insurance holders under item 4/a.</p> <p>According to the Law, there is no change in the retirement age until the year 2036. After 2036, there will be a gradual increase in the retirement age and it will be 65 for men in 2046 and for women in 2048.</p> <p>Income replacement rate for old-age pensions: Replacement rate shall be applied as 2% for each 360 days of total paid premium days of the insurance holder, passed subject to invalidity, old - age and survivors insurances. Periods less than 360 days shall be considered proportionally in this calculation. However, the replacement rate shall not be over 90%.</p> <p>Insurance holders who had not completed 3600 premiums days before 1/5/2008, replacement rate shall be applied as 3% for each 360 days of service periods after 1/5/2008, completing premium day numbers to 3,600 days before this date.</p> <p>Old-age single payment: Insurance holders working under a service contract (4/a) and self-employed (4/b), and those who become insurance holders for the first time under item 4/c (in public administrations) pursuant to this Law, who quit work or close workplace for whatsoever reason and who do not have the right to be put on invalidity and old - age pension although the required condition of age for putting on old - age pension is fulfilled, shall receive, in a single payment, after being updated with the update coefficient realized each year, for the years from the year of the premium up to the date of written request, the sum of invalidity, old - age and survivors insurance premiums of each year paid under item 4/b and notified for his/her name under items 4/a or 4/c.</p>
792.10.1.1.1.2	Veteran's old age pension :	<p>In the process of military service, the injured or deceased soldiers and recruits with the cause and effect of their military duties will receive a salary in accordance with the 5434 Act.</p> <p>Duty disability pension can be divided into various sub-branches for how the disability or death occurs. Income inadequacy is not a necessary condition for veteran's pension. If retirement is due to old-age, then it is accounted under old-age pension. If it is due to injury it is under disability pension.</p>
792.10.1.1.1.3	Old-age pension (non-means tested):	<p>Security system without social contributions</p> <ul style="list-style-type: none"> • Law numbered 1005 on Putting Individuals Awarded with medal for Service in the Turkish War of Independence on Honorary Pension from Military Service Planning. • Law numbered 3292 on Military Service Planning Pension • Law numbered 2330 on Compensation in Cash and Pension • Law numbered 2629 on Compensation for Flight, Parachuting, Submarine,

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		<p>Diver and Frogman Services</p> <ul style="list-style-type: none"> • Law numbered 3160 on Compensation for Flight and Diving Services for the Law Enforcement Agency • Law numbered 3713 on Fighting against Terrorism • Law numbered 5774 on Putting Successful Athletes on Pension and awarding them with State Sportsman Title • The Relevant Articles of the Law numbered 442 on Village Law. <p>The pensions, compensation and additional payments are financed by Government.</p>
792.10.1.1.3.1	Other cash benefits	<p>Retirement bonus: To military service or civilian public servants who put on old-age, invalidity or duty invalidity pension or taken lump-sum benefit, for every actual working year one pension of pension calculation amount is given as retirement bonus. By the decision of the Constitutional Court ,dated in 25/12 / 2014 , the statement of "not to exceed 30 years" has been removed</p>
792.10.1.2.1.1	Care to adults aged 65 and over	<p>Law numbered 2022 on Putting Needy, Weak, Forlorn Turkish Citizens Over the Age of 65 on Pension (transferred to the Ministry of Family and Social Politics in 2012, data should be obtained from Ministry of Family)</p>
2.	SURVIVORS	
792.10.2.1.1.2	Survivors pension	<p>Insured's or permanent incapacity for work, invalidity, duty disability or old age pensioners' spouses, children and parents who are eligible to take income or pension or lump-sum payments in the case of death, are accepted as claimants.</p> <p>According to the Law, following are the rights granted from the survivors insurance:</p> <ol style="list-style-type: none"> a) Putting on survivors' pension. b) Making single payment to the survivors of the deceased. c) Granting marriage support to daughters receiving pension d) Granting funeral benefit. <p>The survivors pension shall be payable to the right holders of the deceased insurance holder, upon written request of their right holders:</p> <ul style="list-style-type: none"> ▪ if minimum 1800 days of invalidity, old - age and survivors premiums are notified or, for the insurance holders under item 4/a, excluding any kind of debt periods, there is an insurance status of minimum 5 years and totally 900 days of invalidity, old - age and survivors premiums are paid. ▪ if the individual was suffered from accident due to reasons laid down in the Law, was receiving invalidity, duty disability or old - age pension or had the right to receive invalidity, duty disability or old - age pension but the transactions were not completed. ▪ if the invalidity, duty disability or old - age pensions were terminated due to the fact that the individual had started to work under insurance <p>However, in order to put on the right holders of individuals who are deemed to be insurance holder as per item 4/b on pension, it is obligatory that the entire premium or any kind of debts related premiums, including the universal health insurance of the deceased insurance holder, should not be present or should be paid.</p> <p>Calculation of survivors pensions:</p> <p>According to the law, replacement rates for the survivors pension to be received by the right owners regarding the calculated average income of the insurance holder is as follows:</p> <ul style="list-style-type: none"> - 40% for the insurance holders working under a service contract (4/a), who had paid the premiums of less than 7200 days. This rate is increased by 2% for each 360 days over 7200 days. - 50% for self-employed (4/b) insurance holders having less than 9000 premium days. This rate is increased by 2% for each 360 days over 9000 days.

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	<p>Periods less than 360 days shall be considered proportionally in the calculation of the benefits but the replacement rate shall not be over 90%.</p> <p>Of the pension to be calculated for the deceased insurance holder in accordance with this Law,</p> <ul style="list-style-type: none">▪ 50% shall be payable to the widow spouse; and 75% to the childless widow spouse, who is put on pension, in case such individual is not put on income or pension due to not working under this Law, or under legislation of a foreign country or due to her own insurance status,▪ Among the children, who are not put on income or pension due to not working under this Law, or under legislation of a foreign country or due to their own insurance status:<ul style="list-style-type: none">- the ones who have completed the age of 18, the age of 20 in case receiving education in high school or equivalent, or the age of 25 in case receiving higher education; or- the ones who are found to be disabled by losing minimum 60% of working power based on Institution Health Committee decision; or- the daughters, whatever the ages are, not married, divorced or widow, shall receive 25% each.▪ 50% to each of the children stated above, who are left both motherless and fatherless or suffer such status at a later date, and the ones who are the sole right holders receiving pension,▪ If there are shares left over from the right owner spouse and children, 25% totally to mother and father, provided that the figure is less than the net amount of the minimum wage of the income obtained from any kind of earning and revenue and that they are not put on income and/or pension excluding the income and pension rights granted because of other children; if the mother and father is over 65 years of age, then totally 25%, under the above conditions, without considering the left over share, <p>shall be payable as pension.</p>
792.10.2.1.2.1	Survivors other cash benefits <ul style="list-style-type: none">▪ Single payment in case of death:<p>In case the right holders of the deceased insurance holders, who are under items 4/a (working under a service contract) and 4/b (self-employed) and who became insurance holders for the first time pursuant to this Law under item 4/c (in public administrations), are not qualified to be put on survivors pension, then the amount shall be payable to the right holders in single payment after updating the sum of invalidity, old - age and survivors insurance premiums paid under item 4/b and notified for his/her name under items 4/a or 4/c</p>▪ Marriage benefit:<p>Marriage benefit shall be payable in advance, for once, at the amount of two years of pension or income (except for the additional payment) they receive, upon marriage and request of the daughters, whose income or pensions should be terminated due to marriage.</p>
792.10.2.2.1.1	Funeral expenses <p>Funeral benefit shall be payable to the right holders of the insurance holder who deceased when receiving incapacity income due to work accident or occupational disease or permanent incapacity income, invalidity, duty disability or old - age pension or when his/her minimum 360 days of invalidity, old - age and survivors insurance premiums are notified for himself/herself. Funeral benefit shall be paid over a tariff to be determined by the Board of Directors of the Institution and approved by the Minister.</p> <p>Funeral benefit shall be granted respectively to the insurance holder's spouse, if not to children, if not to parents, if not to siblings.</p>
3.	INCAPACITY-RELATED BENEFITS (Disability, Occupational injury and disease, Sickness)

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792.10.3.1.1.2 Disability pension

Deemed invalid:

The insurance holder, who is determined by the Institution Health Committee to have lost his/her working power or minimum 60% of the earning power in profession due to work accident or occupational disease for insurance holders under items 4/a (working on service contract) and 4/b (self-employed) and to have lost minimum 60% of the earning power in profession or at a degree which does not allow him/her to carry out his/her duties for the insurance holders under item 4/c (those working in public administrations), as a result of examining the reports and the medical documents the report is based on, duly prepared by the providers of healthcare services authorized by the Institution, upon request of the insurance holder or the employer, shall be deemed to be invalid.

However, if it is determined in advance or afterwards that the insurance holder has lost 60% of his/her working power or earning power in profession before the date of first start to work under insurance, then the insurance holder shall not benefit from invalidity pension due to such disease or handicap.

Entitlement to invalidity pension:

In order to be put on invalidity pension, the insurance holder should;

- be deemed to be disabled in accordance with this Law,
- be holding insurance for a period of minimum ten years and should have paid totally 1800 days or in case the insurance holder is disabled to the extent of being in need of permanent care of another person, should have notified 1800 days of invalidity, old-age or survivors insurance premiums, without seeking any period for holding insurance,
- have submitted a written request to the Institution after quitting the work he/she was working under insurance or closed or transferred the workplace due to his/her invalidity.

However, it is obligatory that the individuals who are deemed to be insurance holder as per item (b) of paragraph one of Article 4 should have paid entire premiums or any kind of debts related with premiums, including the universal health insurance.

The insurance holders within the scope of (4/c) working in public administrations should have 10 years of active service in order to be put on invalidity pension under the Law No. 5434. Furthermore, the invalid having 5 years of active service but can not be treated and can not survive without the power and help of another person are put on pension over 15 years.

The income replacement rates for the insurance holder entitled to invalidity pension are as follows:

- 40% of his/her average monthly income in terms of insurance holders (4/a) working on service contract (for those having less than 7200 premium days);
- This rate is 50% in terms of self-employed (4/b) insurance holders (for those having less than 9000 premium days);

This rate is increased at the rate of 2% for more than 7200 or 9000 days in every full year. In the calculation of the pensions, the periods less than 360 days are taken into account proportionally. If the insurance holder is in need of permanent care of another person, then the replacement rate shall be increased by 10 points. However, income replacement rate shall not exceed 90%.

The conditions for income replacement rate for those, who are public employee (4/c) for the first time after the Law No. 5510 entered into force, shall be subject to the provisions for those working on service contract (4/a) and for self-employed (4/b) in terms of calculation of their pension, update coefficient, replacement rate and premium to be taken.

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	<p>The insurance holder, whose earning power in profession, due to the disease or disabilities caused by work accident or occupational disease, is determined to be reduced by 10% by the Institution's Health Committee based on reports issued by the health committees of health - care service providers authorized by the Institution, shall be qualified for permanent incapacity pension.</p> <p>The condition of leaving work, closing, transferring of the workplace or working for a certain period of an insurance holder shall not be stipulated in order to be put on permanent incapacity pension.</p> <p>However, it is obligatory for the self-employed insurance holders (4/b) that their premium debts should have been paid due to their own insurance in order to be put on permanent incapacity pension. This application is applied for the first time with this Law for the self-employed insurance holders within the scope of work accident and occupational disease insurance in the work accidents and occupational diseases occurred after 1/10/2008.</p> <p>The insurance holder, who is determined by the Institutions Health Committee to have lost working power or minimum 60% of the earning power in profession due to work accident or occupational disease for insurance holders under items (a) and (b) under paragraph one of Article 4 and to have lost minimum 60% of the earning power in profession or at a degree which does not allow him/her to carry out his/her duties for the insurance holders under item (c), shall be deemed to be service-disabled. No probation period is stipulated in the entitlement to pension due to service-disability.</p> <p>Replacement rates for permanent incapacity pension: The permanent incapacity income is calculated pursuant to the rate of loss of earning power in profession of the insurance holder. The insurance holder is put on income at the rate of 70% of his/her monthly income calculated in accordance with this Law. The income granted to the insurance holder in permanent partial incapacity is calculated as complete incapacity income and the amount at the rate of incapacity level is paid to the insurance holder. In case the insurance holder is in need of another person, the income replacement rate of 70% is taken into account as 100%.</p>
792.10.3.1.1.3 Disability pension (means tested)	Classified under pensions paid to needy citizens under the Law No. 2022: disability pension of 70%, of 40%-69%, disability pension under age 18 and disability silicosis patients (since 2011) pension. The duties with the scope of Law no. 2022 transferred to Ministry of Family and Social Politics. For this reason there is not any data after 2012.
792.10.3.1.2.1 Occupational injury and disease	Permanent incapacity income, a result of occupational accidents and disease, the insured is paid continuously incapacitated. The insured person, whose earning power in the profession, due to the disease or disabilities caused by work accident or occupational disease, is determined to be reduced by 10% by the Institution's Health Committee based on reports issued by the health committees of health-care service providers authorized by the Institution, shall be qualified for permanent incapacity income.
792.10.3.1.3.0 Paid sick leave (occupational injury and disease)	Temporary incapacity benefit, subject to the law numbered 5510, article 18. Provided that rest report is granted by medical doctor or health committees authorized by the institution. Each day for an insured person suffering from temporary incapacity due to work accident or occupational disease, in case, among the insured persons under item (a) of paragraph one of Article 4 and Article 5, In cases of work accident or occupational disease or maternity, temporary incapacity benefit shall be paid to the individuals deemed to be insurance holders under item (b) of paragraph one of Article 4, during the period of inpatient treatment or the period of rest report granted due to such treatment or after inpatient treatment, provided that any kind of premiums or debts related with premiums, including universal health insurance, are paid.

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792.10.3.1.4.1	Sickness benefits	<p>According to the Law, the diseases of the insurance holders within the scope of 4/a (working on service contract) and 4/b (self-employed) are deemed to be affection except work accidents and occupational diseases and causing incapacity.</p> <p>Temporary incapacity is the state of failure to work permanently during recovery stated in the physician or health committee reports authorized by the Institution in cases of work accident, occupational disease, sickness and maternity. The insurance holder is paid daily temporary incapacity allowance in case of temporary incapacity during rest period stated in the reports.</p> <p>The first rest period given by the health committee shall not exceed 6 months starting from the date the insurance holder is treated. If the invalidity is determined to be prevented or reduced considerably in case the treatment is continued with the report of health committee, then this period is extended.</p> <p>In the calculation of daily temporary incapacity allowance, daily earning limits are taken as a basis.</p> <p>In the calculation of premiums and the allowances under this Law the sublimit of the daily earning is one thirtieth of minimum wage in practice whereas its upper limit is 6.5 times of the sublimit of the daily earning.</p> <p>Entitlement to temporary incapacity income:</p> <ul style="list-style-type: none"> ▪ The condition of having received a rest report from the physician or health committees authorized by the Institution in order to be determined of the insurance holder whether he/she is subjected to temporary incapacity. ▪ In case the insurance holder working on service contract (4/a) is subject to incapacity due to sickness shall be paid temporary incapacity allowance provided that having notified at least 90 days short term insurance premium within one year prior to the date of incapacity. In case the insurance holder within this scope is subject to incapacity due to work accident or occupational disease, the condition of premium payment day is not stipulated. ▪ In case the self-employed insurance holder (4/b) is subject to incapacity due to work accident or occupational disease, the condition of having been paid all their debts concerning premium including universal health insurance is stipulated in order to be given temporary incapacity allowance. The insurance holder within this scope (4/b) cannot be granted temporary incapacity allowance from sickness insurance. ▪ Temporary incapacity allowance is not granted to the insurance holders working in public administrations (4/c) during incapacity emerging from work accident, occupational disease, sickness and maternity. Because they do not have any income loss when they continue to get their pension during incapacity. <p>The rate of temporary incapacity allowance: The amount of temporary incapacity allowance granted in case of work accident, occupational disease, sickness and maternity of an insured woman is half of the daily earning in case of inpatient treatment, whereas it is two third of the daily earning in case of outpatient treatment.</p>
792.10.3.1.5.3	Other cash lump sum benefit	Transfers paid under Law No. 6331
4.	HEALTH	
792.10.4.2.0.0	See OECD Health Data.	<p>The basic condition for being a universal health insurance holder is first of all having residence in Turkey. The person having no residence in Turkey can not be a universal health insurance holder. The individuals who shall be deemed to be universal health insurance holders were specified in Article 60 of the Law No. 5510.</p>

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The implementation of compulsory universal health insurance has been initiated as of 1/1/2012.

Accordingly, those who are out of universal health insurance status as well as those whose universal health insurance status ends are registered directly by the Social Security Institution. In other words, they are included in universal health insurance compulsorily. The premium is accrued as of the date when the universal health insurance is registered directly and the obligation to pay starts. Those registered to universal health insurance compulsorily are subject to income test. The amount of premium to be paid as a result of income test of those registered within the scope of universal health insurance is determined according to the income status of the individual. The universal health insurance premiums of the individuals whose income per capita within the family is less than one third of minimum wage as ascertained with the income test, are covered by the State. Those earning more than one third of minimum wage per capita within the family, ascertained with the income test, shall be premium payment obligators in accordance with the income level determined. In case the income test is not made, the registered person shall pay premiums over two times of minimum wage by accepting that the income of a registered person is more than two times of minimum wage.

Conditions to benefit from universal health insurance:

- for universal health insurance holders working on service contract (4/a) and their dependants, having totally 30 days of paid universal health insurance premiums within one year before the date of application to health - care service provider is stipulated, in order to benefit from universal health services.
- for the self-employed universal health insurance holders and their dependants, in addition to the condition of 30 days universal health insurance premium payment, not having any premium or premium - related debts over 60 days as of date of application to the health - care service is stipulated.

On the other hand, with the Law No. 5510, the possibility of benefitting from unconditional health services has been introduced for those below, regardless of benefitting conditions from health services provided by universal health insurance.

Accordingly; the conditions for benefitting from health services are not stipulated in the following conditions:

- The individuals under the age of 18,
- Those who are in need of medical care of another person,
- Urgent cases,
- Work accidents and occupational diseases,
- Infectious disease which should be registered,
- Preventive health services,
- State of natural disaster and war

792.10.4.1.1.0 Cash benefits (non-means tested)

Covers General Health Insurance runners benefit from the treatment of the insured

In the transfer of universal health insurance holders and dependants of universal health insurance holders out of the settlement area where they are examined and treated, for benefitting from health - care services upon medical requirement of medical doctor or dentist after examination or treatment, transportation expenses for both directions and daily allowances of outpatient and companion limited with one person and for inpatients, transportation expenses and daily allowances for both traveling days shall be borne by the Institution.

Public financing of health services provided under health insurance by way of expenses, casual and companion in law, according to the amount of the

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792.10.4.1.2.0	Cash benefits (means tested)	<p>premiums collected from individuals can not be any differentiation.</p> <p>Includes individual payment expenditures of people whose GSS premiums paid by the State because of income insufficiency. From 1.1.2012, the people who has green card under the law no. 3816, have been registered under the Law no. 5510 Article 60/c-1. According to the results of income test procedures carried out by Ministry of Family and Social Politics, citizens whose monthly family income per capita is less than one third of minimum wage and without means-test children under 18 who have no right to benefit from health services and non-dependants are registered by the Institution in the context 60/c-1. The needy pensioners under the Law no. 2022 have been registered under the Law 5510 Article 60/c-3.</p>
792.10.4.2.1.0	Benefits in kind (non-means tested)	<p>Includes payments made to inpatient and out-patient treatment. Inpatient treatment is the treatment practised in health institutions from admission date until discharged.</p> <p>Contribution rates are receivable to 1 % of health services financed in inpatient treatment according to disease groups defined by the Institution. The Institution is authorized, for not to take, to reduce by half or the contribution fee or to increase to a multiple and to bring back or reduce these amounts to legal levels when necessary. The amount of contribution on an inpatient basis, in a calendar year to not exceed the amount of the minimum wage for each inpatient shall not exceed one quarter of the minimum wage. Out patient treatment expenses consist of drug, blood and plasma expenses.</p> <p>For the drugs paid by the Institution, % 10 contribution fee is taken from individuals receiving incomes and pensions and their dependants and % 20 contribution fee is taken from the others. Labour and Social Security Minister is authorized to reduce the drug contribution fee down to % 1 upon the proposal of the Institution. Also for every prescription contribution fees are taken,</p> <p>For drugs up to 3 boxes (three boxes included) 3 TL, For each of the boxes of drugs added 3 boxes 1 TL.</p> <p>Contribution fee for the drugs is charged;</p> <p>a) by deducting from the incomes and pensions of individuals receiving incomes and pensions from the Institution and their dependants, b) For other people, by pharmacies under contract with the Institution, from the people c) For drugs obtained from abroad; from individuals by organizations which obtain the drugs, if they are obtained by individuals from them by the Institution.</p>
5. FAMILY		
792.10.5.1.2.1	Maternity benefits	<p>Maternity insurance benefits include the insured woman working on service contract (4/a) and the self-employed woman (4/b) or the spouse of the insured man who is not an insurance holder, the woman getting income or pension for her own work or the spouse of the man getting income or pension who is not an insurance holder.</p> <p>A daily temporary incapacity allowance is granted to the insurance holder from maternity insurance during incapacity emerging from sickness or maternity. Furthermore, provided that he/she survives, nursing benefit is granted for each child being valid at the date of birth and determined by the Governing Body of the Institution and confirmed by the Minister of Labour and Social Security.</p> <p>Conditions for benefitting from maternity benefits:</p> <ul style="list-style-type: none"> ▪ In order to be granted daily temporary incapacity allowance to the insured woman emerging from maternity situations; <p>The provision of not losing her insurance qualification at the date of leaving for rest registering of at least 90 days short term insurance premium within one</p>

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year prior to delivery is stipulated for an insured woman who work on her own account (4/b) and for village and neighbourhood headmen working on service contract (4/a).

Furthermore, in order to be granted temporary incapacity allowance in case of maternity of an insured woman within the scope of (4/b) premium debts and any debts concerning premiums including universal health insurance premium should have been paid.

- In order to pay nursing benefit to a female insurance holder or to male insurance holder due to his spouse, who is not an insurance holder, giving birth;

The provision of payment of at least 120 days short term insurance branches premium in the recent year before delivery of the insurance holder working on her own account (4/b) and for village and neighbourhood headmen working on service contract (4/a) is stipulated.

Moreover, any premium debts and any other debts concerning premium including universal health insurance premium of the insurance holders within the scope of (4/b) should have been paid.

As the maternity situation is defined within exceptional cases of benefitting conditions from the health services pursuant to this Law, the condition of premium payment day is not stipulated for health-care services provided in maternity.

A temporary incapacity allowance is granted to the insured woman for every day she does not work during incapacity depending on her maternity. The amount of temporary incapacity allowance is determined on the basis of average daily earning to premium. Accordingly, the amount of daily temporary incapacity allowance is half of the daily earning in inpatient treatments, whereas it is two third of the daily earning in outpatient treatments pursuant to this Law.

Temporary incapacity allowance is granted to the insured woman in case of maternity during 8 weeks before and after delivery, whereas in case of multiple pregnancy it is granted for each day she does not work by adding 2 weeks period to 8 weeks before delivery.

Temporary incapacity allowance is granted to the insured woman in case of preterm delivery for the period she can not work before delivery as well as in case she works for 3 weeks until delivery upon the wish of the insured woman and approval of the physician for the period added to the rest period after delivery.

In accordance with the provisions of short term insurance branches of the Law No. 5510, the insurance holders within the scope of 4/c (working in public administrations) cannot benefit from maternity benefit.

However, maternity allowance is granted to the public employee giving birth by her institution. Maternity allowance is calculated by multiplying monthly coefficient applied to civil servants' salary with an indicator figure of 2500. A payment is made upon the request of the public employee giving birth and in case of certificating it with the report of birth.

In order to be entitled to the maternity benefit there is no period of competency. It is entitled as of beginning of month following the date of birth.

COUNTRY NOTE

Database on Social Expenditure (www.oecd.org/social/expenditure.htm)
OECD - Social Policy Division - Directorate of Employment, Labour and Social Affairs

792.10.5.1.3.1	Other cash benefits	<p>Benefit applicable by the date of delivery, over the tariff determined by the Board of Directors of the Institution and approved by the Minister, shall be payable from the maternity insurance to the insured woman or to the insured male due to his not insured spouse giving birth, and, among the insured persons who subject to employment contract employees and for the individuals who work on their own names and accounts, to the insured woman receiving income or pension or to the spouse of the insured man receiving income or pension due to own works, for each newborn, provided that the newborn lives.</p> <p>In order to pay nursing benefit to an insured woman or to an insured male due to his spouse giving birth;</p> <ul style="list-style-type: none"> • For the individual insured persons who subject to (4/a) employment contract employees notifying the minimum 120 days short term insurance branches premium within one year before the birth, • For the individuals (4/b) who work on their own names and accounts depositing minimum 120 days short term insurance branches premium which is including universal health insurance within one year before the birth and paying any kind of debts related with premiums, are obligatory.
6. ACTIVE LABOUR MARKET PROGRAMMES		
792.10.6.0.2.1	Skills training	Skills training including vocational training, public works, entrepreneurship programmes and on the job training is available to each person of working age registered to the public employment agency.
792.10.6.0.5.1	Vocational Rehabilitation	According to Turkish Labour Code, private enterprises having 50 and more employees have to employ disabled people which correspond to %3 of their current workers. That rate is %4 for public organizations and these institutions also have to employ ex-convicts which correspond to %2 of their current workers. When the employers do not fulfill their obligations, they have to pay fines and these funds are collected for the provision of vocational training and rehabilitation activities for disabled people and ex-convicts on a project basis.
7. UNEMPLOYMENT		
792.10.7.1.1.0	Unemployment compensation / Severance pay	<p>Unemployment insurance is a mandatory kind of insurance launched by the Government, being operated with insurance methods and prevents people, who lost their jobs while working in an enterprise, from negative conditions although they have enough willingness, health, ability and skills to work.</p> <p>Unemployment compensation: According to Law; because of the workplaces (except participations) were preparing to privatization or had been privatized, scaled down, finalized work, closed down time bounded or perpetually, the people who had worked in these places are paid with a job loss compensation, except the contractual payments by laws and labour agreements. These people who have lost their jobs have to qualify to take compensation according to the labour laws and labour agreements they depend on.</p>
9. OTHER SOCIAL POLICY AREAS		
792.10.9.1.2.3	Cash benefits for immigrants/refugees	