



Your social security rights

in Hungary

The information provided in this guide has been drafted and updated in close collaboration with the national correspondents of the Mutual Information System on Social Protection (MISSOC). More information on the MISSOC network is available at: <http://ec.europa.eu/social/main.jsp?langId=en&catId=815>

This guide provides a general description of the social security arrangements in the respective countries. Further information can be obtained through other MISSOC publications, all available at the abovementioned link. You may also contact the competent authorities and institutions listed in annex to this guide.

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Chapter I: Introduction, organisation and financing

Introduction

The Hungarian social security system offers protection against sickness, maternity, old-age, invalidity, occupational diseases and injury, accidents at work, survivorship, children's education and unemployment.

All persons who are gainfully employed and those of equivalent status are insured against all risks. These persons include those in paid employment (including those in public administration), the self-employed (including members of co-operative societies), numerous groups of persons of equivalent status, persons receiving income subsidy, job-seeker benefit and job-seeker aid before pension.

Everyone is automatically affiliated to a social insurance scheme as soon as he or she begins to work. Self-employed people register themselves, and employers register their employees, with the competent local bureau of the taxation and finance office and/or the competent social insurance organisations, as necessary. Employers and employees pay contributions. Anyone who voluntarily subscribes to the social security system can sign an agreement with the competent social security institution. According to a new Act, after 3 November 2010, the second pillar is no longer compulsory. Until 1 March 2011 the Act offered free choice for those compulsorily insured in the 1st and 2nd pillar either to remain in the 1st pillar or to stay exclusively in the 2nd pillar on a voluntary basis. In this latter case, the persons remaining only in the 2nd pillar won't acquire any further rights under the 1st pillar after their decision, but the rights they have acquired before won't be lost. The mandatory system remains dominantly public. Hungary returned to the two-pillar pension system, based on compulsory social insurance system on the one hand and voluntary savings on the other hand.

Economically inactive residents pay a lump-sum of HUF 6,660 (€ 23) to be covered against healthcare risks.

Organisation of social protection

There are five main branches of social security in Hungary. Pensions and health services (including the statutory work accident system) are classified as social insurance. The other three branches are the unemployment insurance, the family support system and the social assistance system.

The management, organisation and administration of the Hungarian social insurance system are centralised; the social benefits service is decentralised.

Health insurance

There is just one type of health insurance in Hungary. The Ministry of Human Resources (*Emberi Erőforrások Minisztériuma*) is responsible for health insurance and the health sector. The Ministry monitors the activities of all insurance providers, health insurance funds and providers of healthcare services in respect of healthcare benefits, and also investigates complaints relating to the procedures the health insurance agencies follow. The National Health Insurance Fund (OEP) operates via its central service and the devolved health insurance funds in the country's 19 counties. The law

determines the legal status guaranteeing *ipso facto* compulsory insurance coverage. Employers must declare their employees and pay national insurance contributions for them to the competent tax authority, which transmits the data relating to their insurance rights to the competent county-level health insurance funds. Healthcare services can be received from specified healthcare providers, including private providers contracted by the National Health Insurance Fund (*Országos Egészségbiztosítási Pénztár, OEP*).

Pension insurance

Statutory Pension Insurance was comprehensively reformed in 1997. It began operating on 1 January 1998. The system consists of two pillars. The reformed *first pillar* remains a mandatory state pension, which is publicly managed and financed on a pay-as-you-go basis. The first pillar pension insurance scheme is supervised by the Ministry of Human Resources (*Emberi Erőforrások Minisztériuma*) and is managed by the Central Administration of National Pension Insurance (*CANPI*) (*Országos Nyugdíjbiztosítási Főigazgatóság, ONYF*) and by the pension insurance directorates of the county government offices. The Pension Payment Directorate, a special body affiliated to the Central Administration of National Pension Insurance, is basically responsible for paying every form of pension benefit to the pensioners (excluding the second pillar). The mandatory system remains dominantly public. Hungary returned to the two-pillar pension system, based on compulsory social insurance system on the one hand and voluntary savings on the other hand.

The rest of the *second pillar* is voluntary from 3 November 2010, fully funded and run by several authorised and independent private pension funds which are supervised by The Central Bank of Hungary (*Magyar Nemzeti Bank*).

From 1 January 2012 the former early retirement options, with the exception of the “40 years’ eligibility period for women” (*nők 40 év jogosultsági idővel*), are phased out of the pension system. The former early retirement options below retirement age are transformed into social benefits, the so-called “benefit prior to retirement age” and thus, are no longer pensions as a benefit for income substitution in old-age.

As of 1 January 2012 benefits for persons in receipt of disability pension below retirement age are transformed into health insurance – disability or rehabilitation-benefits; the benefits for persons in receipt of disability pension above retirement age are transformed into old-age pension.

Unemployment insurance

The unemployment scheme is also insurance-based, with both employers and employees paying a contribution. There are both active and passive labour market measures to promote employment and to provide for the unemployed. Placement services are open to every resident including EEA nationals irrespective of the insurance relationship. The Ministry for National Economy (*Nemzetgazdasági Minisztérium*) is responsible for the unemployment insurance system. The institutional structure of the Hungarian employment policy system is based on an administrative body, namely on the National Employment Service. It consists of the National Labour Office (*Nemzeti Munkaügyi Hivatal*), the Unemployment Centres of the Capital and County Government Offices (*Fővárosi/Megyei Kormányhivatalok Munkaügyi Központjai*) and the Labour Offices of District Offices of the Capital and County Government Offices (*Fővárosi és megyei kormányhivatalok járási hivatalainak munkaügyi kirendeltségei*).

Family support system

The Ministry of Human Resources (*Emberi Erőforrások Minisztériuma*) is responsible for the family benefits. The family support system is a universal system, meaning that every citizen who meets the requirements is entitled. Every citizen who has a child up to a certain age may be entitled to various family support benefits. The family support benefits are operated and administered by the Hungarian State Treasury (*Magyar Államkincstár*) and the National Health Insurance Fund (*Országos Egészségbiztosítási Pénztár*).

Social assistance system

The local governments and the district offices manage the social assistance system. Various social assistance benefits are granted by the local governments. The Ministry of Human Resources (*Emberi Erőforrások Minisztériuma*) is responsible for the supervision.

Financing

Health insurance benefits are financed by the Health Insurance Fund (*Egészségbiztosítási Alap*). Its revenues come from compulsory health insurance contributions and taxation. Both workers and employers are required to pay health insurance contributions. The rate is 7% of gross pay for workers. Employers are obliged to pay social contribution tax from which the Health Insurance Fund is entitled to the part of its annual revenue according to the Act on the Central Budget. There is no ceiling for insurance contributions, and they are paid to the taxation and finance office. Self-employed persons who perform activities in a complementary way or their joint ventures and otherwise not insured or entitled persons are obliged to pay a healthcare contribution if they are continuously resident in Hungary since one year. Subject to some exceptions, dependent close family members or their spouses are also obliged to pay a healthcare contribution.

The compulsory first pillar pension insurance scheme is funded by contributions and the defined part of the revenue from social contribution tax according to the Act on the Central Budget, whereas the voluntary private pension scheme is funded by contributions only.

The unemployment scheme is also insurance-based, pay-as-you-go system.

The family support benefits are paid from the central budget.

The public social assistance is a non-contributory, means-tested system, which is partly financed by the central budget (80-95%) and partly from the local governments' own budgets (5-20%).

Chapter II: Healthcare

When are you entitled to healthcare?

The beneficiaries of the health insurance system fall into two categories:

- the owners of the right, i.e. those persons who have a statutory obligation to pay contributions, e.g. general employees, civil servants, public service employees, service providers and people with other legal working arrangements, the self-employed working alone or in collective organisations, ecclesiastical personnel and members of associations. These people are entitled to the full range of health insurance benefits (cash benefits, benefits in kind and accident allowances). This category also includes people receiving assistance while looking for work, who pay pension contributions on their benefits although they are not entitled to cash benefits; and,
- entitled beneficiaries, e.g. minors, schoolchildren, students studying during the day, pensioners, people on low incomes who have reached retirement age, those receiving cash maternity and social protection benefits, persons placed in residential institutions providing personal care and those required to pay healthcare contributions. These persons are entitled to non-cash health insurance benefits only.

What is covered?

Medical treatment

Everyone who is covered for healthcare is entitled to receive all the care their state of health requires. Medical care in Hungary is as a main rule free of charge. If the treatment is not prescribed by a physician, or is not provided through the normal hospital system, or if he/she chooses a doctor other than the one allocated by the healthcare system, fees imposed by the care provider will be paid by the patient. The individual might also pay part of the cost of medicines and medical appliances.

Medicine

Medicines administered in hospital are free of charge. Otherwise, the National Health Insurance Fund (OEP) covers part or all of the cost when the medicine prescribed is included in the reimbursement list. The rules relating to reimbursement are laid down in a ministerial decree:

- standard reimbursement categories: 80%, 55%, 25% (in case of hospital medicines the medicinal product must be included in the reimbursement with at least 0% subsidy);
- increased level of reimbursement (90%, 70%, 50%) and full (100%) reimbursement is linked to specific therapeutic indications. The subsidy rate can differ by severity of diseases. In case of certain chronic diseases or other serious diseases, the subsidy is 100% but in this case a packing fee of HUF 300 (€ 1.02) is to be paid.

Dental treatment

In Hungary you normally pay only the cost of an ordinary visit for basic dental care. Dental treatment is free up to the age of 18; students, seniors (60+) and pregnant women (from the determination of the pregnancy until 90 days after childbirth) pay the cost of an ordinary visit. Each individual also pays the technical costs associated with dental treatment. According to the agreement with the National Health Insurance Fund only the emergency care of the dental treatments is covered by the social security system for the entitled person.

Early detection and preventive testing

Everyone with compulsory health insurance covering early detection and preventive testing is entitled to these tests on certain conditions (determined by age group) and at certain intervals. An individual or a doctor may request screening tests; where there is a public health issue, personal notices to attend are sent to all concerned. Early detection testing is – with certain exceptions – voluntary, since it is in the person's own interests. Most preventive care is provided by the family doctor.

Nurses also play a role, particularly in informing people about screening tests, as do school doctors and nurses, while some examinations are the responsibility of the specialists concerned. To ensure preventive care is effective, early detection or screening tests may in some cases be a prerequisite for free treatment, otherwise people may be charged for treatment if they failed to take advantage of early detection/screening tests. No consultation fee is charged for these tests.

As a matter of prevention, after 1 January 2012, smoking is banned in every indoors public place, including workplaces, restaurants, bars and cafes; except in specially designated smoking rooms, which already exist.

Treatment at home

Home-based treatments are intended to reduce the number of patients who have to be hospitalised and to provide more compassionate care. An insured person can be treated at home by professionals who have signed a contract with the OEP to provide these services. These benefits are not eligible for aid unless prescribed by a specialist. Home care is covered for the same length of time as treatment for the same condition in hospital.

Hospital care

Inpatient specialised care is provided in various types of facilities, i.e. institutions (for chronic, rehabilitation or nursing care), hospitals, national institutions (highly specialised care), university clinics and day-care hospitals.

Patients being treated in hospitals receive the following services for the flat-rate daily charge:

- diagnostic examinations related to the illness;
- the treatment prescribed by a doctor, including surgical operations, therapeutic equipment used during these and prosthetic appliances;
- medicines, blood tests, dressings and curative accessories;
- therapeutic care;

- dietary advice and healthy living advice;
- food, as part of a diet prescribed by the doctor;
- care in a convalescent home, for as long as required by their condition, depending on availability and the ethical and professional considerations involved.

A patient's health insurance will also cover part of the cost of any appliance prescribed as essential, and part of the cost of repairing and hiring these. Hospital and clinical care can cover several types, including diagnostics, treatment, rehabilitation and sanitary care. It may be continuous or periodical, i.e. a single episode or gradual treatment where follow-up care may be covered for a certain length of time. For some diseases there is a waiting list for treatment; in these cases, patients have to wait their turn. The waiting lists are published on the healthcare providers' websites. An individual whose health deteriorates must be re-examined and the waiting list may be modified as a result.

Medical appliances

The rules of reimbursement for medical appliances are laid down by law. The information on the reimbursed medical appliances is published in the National Health Insurance Fund Bulletin. Medical appliances have to be prescribed by a doctor for a patient to qualify for reimbursement. The amount of reimbursement is determined based on the percentage of the price (98/90/80/70/60/50 or 45%). For medical appliances in the highest reimbursement category, any co-payment exceeding HUF 5,000 (€ 17) is borne by the National Health Insurance Fund.

How is healthcare accessed?

There is free choice of (employed or contracted) doctors. Patients have to register with one general practitioner. There are no geographical restraints. Patients are allowed to change a doctor once a year (or more if justified).

For basic healthcare, you can go to any doctor with whom the OEP has contracted. For secondary level care, with or without hospitalisation, you must go to the designated specialist or institution serving your declared place of residence. If the referring practitioner is your family doctor, the referral will be to the institution serving the district in which he or she lives or practises.

Chapter III: Sickness cash benefits

When are you entitled to sickness cash benefits?

Insured persons and mothers caring for a sick child who are unable to work, are eligible for sickness benefit.

What is covered?

Absence Fee (*Távolléti díj, betegszabadság*) of an amount of 70% of the daily gross earnings is granted by the employer for up to 15 working days annually. The calculation is based on the average daily gross earnings (except in case of endangered pregnancy).

Sickness benefit (*Táppénz*) can be granted for a maximum of one year while the person is validly insured. The amount of this benefit is 60% of average gross daily pay not exceeding monthly the double of the gross minimum wage (HUF 156,000 (€ 531)).

How are sickness cash benefits accessed?

Incapacity for work must be certified by a doctor. There is no formal time-limit for it. The person has to be re-examined regularly (depending on the doctor's decision).

The compensation is paid by the health insurance service of the county government offices within 30 days or by the corporate social insurance payment service on the pay day (an employer with a payroll of more than 100 persons is required to create an in-house social insurance payment service).

Chapter IV: Maternity and paternity benefits

When are you entitled to maternity or paternity benefits?

Pregnancy-confinement benefit

Pregnancy-confinement benefit is paid to women who in the two years preceding the birth of their child were covered by health insurance for at least 365 days, and who give birth:

- while still covered (e.g. when under a contract of employment);
- within 42 days of the expiry of their insurance coverage;
- within 42 days following the expiry of their insurance coverage during disbursement of the work accident sickness benefit (*Baleseti táppénz*) (or within 28 days after the termination of the disbursement);
- following the expiry of their insurance coverage during disbursement of the sickness benefit (*Táppénz*) (or within 28 days after the termination of the disbursement).

The allowance will also be paid to a woman who fosters a child she is intending to adopt if she meets these conditions on the day when the child is entrusted to her. In this case, the allowance is payable for the period from the day when the child is entrusted to her to the end of the statutory period of maternity leave.

This allowance is not payable when the insured:

- is being paid her full salary during her maternity leave, for the period during which she is paid that full salary;
- is engaged in any sort of gainful employment - except for remuneration for services covered by royalty rights or honorariums exempted from personal income tax - or is practising a paid activity requiring an official permit.

If the insured person is receiving part of her salary during her maternity leave, she is entitled to pregnancy-confinement benefit to the amount of the remainder.

Birth grant

Birth grant is available to women who give birth and who are legally staying in Hungary; adoptive parents; guardians; or the father on the death of the mother. A birth grant is not paid to parents who agreed to give up a child for adoption before the birth; a newborn child who is placed for adoption on the basis of a final decision of the guardianship authority is covered by the child protection system.

What is covered?

Pregnancy-confinement benefit

Mothers are entitled to pregnancy-confinement benefit during their maternity leave, for a maximum of 168 days. Maximum maternity leave is 24 weeks, four of which must be taken, as far as possible, before the calculated date of delivery. The

pregnancy-confinement benefit is equal to 70% of the average daily pay in the calendar year preceding the first day of maternity leave. It is paid during the course of that leave to the mother or to the woman who is intending to adopt the child and who meets the conditions set out above.

Particular features of this benefit:

- the period for which pregnancy-confinement benefit is paid is credited towards old-age pension insurance;
- women receiving pregnancy-confinement benefit are entitled to healthcare services (e.g. inpatient and outpatient care in healthcare establishments) on the same footing as those with full health insurance;
- persons who are required to pay maintenance or who have wrongly received health insurance benefits will have their pregnancy and childbirth allowance reduced by up to 33%;
- the benefit does not have to be returned if the recipient is a student at an institution of higher education who is receiving pregnancy-confinement benefit on the first day of the current semester (lecture period) and who is engaged in a basic training programme, a supplementary training course, an advanced training course or a superior training course in an accredited school.

Birth grant

The birth grant corresponds to a one-off lump-sum payment of 225% of the minimum old-age pension or 300% per child in case of twins.

How are maternity and paternity benefits accessed?

The payment of a birth grant is conditional upon completion of at least four prenatal medical examinations (one in the case of premature birth) or a *res iudicata* judgement on adoption or guardianship within 180 days of confinement. Evidence of Hungarian residence should be submitted with the claim.

Chapter V: Invalidity benefits

When are you entitled to invalidity benefits?

At the end of 2011, the Parliament decided upon a new Act on the benefits for persons with changed working capacity. The new Act has the purpose of ensuring social reintegration, employment and employment-focused rehabilitation based on remaining and improvable capacities of those with changed working capacity. Moreover, the Act regulates income substitution of the missing income. The focus is on remaining working capacities and the aim is to lead persons with changed working capacity back to the labour market.

According to the new rules, former disability pension (*rokkantsági nyugdíj*), accident-related disability pension (*baleseti rokkantsági nyugdíj*), rehabilitation annuity (*rehabilitációs járadék*), regular social annuity for persons with ill-health (*rendszeres szociális járadék*), temporary invalidity annuity (*átmeneti járadék*) and health damage annuity for miners (*bányász dolgozók egészségkárosodási járadéka*) shall not be awarded from 1 January 2012 further on. In their place, new benefits are awarded through a newly established complex assessment method.

Benefits for persons with changed working capacity

Persons eligible to benefits for persons with changed working capacity are those:

- whose state of health is assessed at 60% or less, and
- who had been insured for at least 1,095 days within 5 years before submitting the claim,
- who are not performing any gainful activity and
- who do not receive any regular cash benefits.

The benefit for persons with changed working capacity consists of two separate provisions:

- the person is entitled to **rehabilitation benefit**, if he/she can be rehabilitated. The rehabilitation benefit may be provided for the period required for rehabilitation, within the limit of 3 years from the start of the benefit.
- a person with changed working capacity is entitled to **disability benefit**, if rehabilitation is not recommended; or he/she cannot be rehabilitated, or the person reaches the retirement age within five years.

Benefits for persons with changed working capacity are health insurance benefits.

What is covered?

Benefits for persons with changed working capacity

The amount is based on the average monthly income, and its minimum is set to certain percentages of the minimum wage.

Rehabilitation benefit:

- persons for whom rehabilitation is possible within an expected time frame:
 - Amount: 35% of the average monthly income;
 - Minimum: 30% of the minimum wage;
 - Ceiling: 40% of the minimum wage;
- persons who need permanent rehabilitation:
 - Amount: 45% of the average monthly income;
 - Minimum: 40% of the minimum wage;
 - Ceiling: 50% of the minimum wage.

Disability benefit varies according to the decision on the health status and the possibility of rehabilitation:

- Amount: 40-70% of the average monthly income;
- Minimum: 30-55% of the minimum wage;
- Ceiling: 45% or 150% of the minimum wage.

How are invalidity benefits accessed?

The eligibility is assessed by the rehabilitation authority, which conducts a multidisciplinary examination (the so-called “complex assessment”) on the state of health and the possibility of rehabilitation of the claimant.

From 1 January 2012 benefits for persons with changed working capacity can be claimed free of charge via the relevant printed or electronic application forms at the newly established rehabilitation bodies of the county government office of the claimant’s place of residence.

The applicant may be obliged to report to the rehabilitation body for the complex assessment. Failure to do so may result in termination of the procedure.

In the course of the complex assessment, the rehabilitation body shall examine the applicant’s state of health and whether s/he qualifies for rehabilitation. In the latter case it shall issue a decision on rehabilitation.

Disability and rehabilitation benefits are paid by the Pension Payment Directorate.

Chapter VI: Old-age pensions and benefits

When are you entitled to old-age benefits?

The Hungarian pension system was overhauled in 1997. The system is based on two main pillars:

- Between 1998 and November 2010:
 - The first pillar is a compulsory pay-as-you-go system, financed by contributions, which is part of the social insurance system. It is managed by the Ministry of Human Resources and administered by the Central Administration of National Pension Insurance and its directorates. The Pension Payment Directorate is responsible for paying out all pensions belonging to the first pillar, and pension-type benefits.
 - The second pillar comprised the capitalised compulsory private pension schemes, which are managed by numerous insurance companies and provident associations supervised by the Ministry for National Economy.
- After 3 November 2010, the mandatory pension system became voluntary. Hungary returned to the two-pillar pension system, based on compulsory social insurance system on the one hand and voluntary private pension savings on the other hand.

Persons who have reached the statutory retirement age and have paid the necessary number of years of insurance contributions are eligible for old-age pension. The retirement age limit is 62 for both men and women in 2009. Retirement age is gradually increased (by half a year for every age cohort) as of 2010, reaching age 65 in 2022 for those born in 1957 and after. The first persons concerned by this increase are those born in 1952.

The relevant retirement ages are the following for the different years of birth:

Year of birth	Retirement age
Before 1 January 1952	62
1952	62.5
1953	63
1954	63.5
1955	64
1956	64.5
1957 and after	65

You may be entitled to draw an old-age pension even if you are still gainfully employed, up to the income ceiling set by law. Since 1 April 2007, pensioners who are in salaried employment are required to pay pension contributions on their income. After 365 days of insurance payments their pension increases by 0.5% of the amount of the monthly contribution base.

According to the new rules, entered into force on 1 January 2012, benefits provided by the statutory pension system are old-age pensions (only above retirement age), 40 years' eligibility period for women (*nők 40 év jogosultsági idővel*) and survivor's benefits.

Early old-age pension

The so-called “40 years’ eligibility period for women” (“*nők 40 év jogosultsági idővel*”) is available for those women, regardless of their age, who have fulfilled at least 40 years of eligibility period and have ceased gainful activity. The eligibility period refers to any period of gainful activity or of receipt of pregnancy-confinement benefit (*Terhességi-gyermekágyi segély*), child care fee (*Gyermekgondozási díj*), child home care allowance (*gyermekgondozási segély*), and child raising support (*gyermeknevelési támogatás*) or of the nursing fee linked to child raising (*Ápolási díj*). At least 32 years of gainful activity are needed in addition to periods of receipt of the abovementioned benefits linked to child raising; or 30 years of gainful activity are required in case of receipt of the nursing fee. The eligibility period is decreased by 1 year after every child raised in the household for women raising 5 or more children with a maximum reduction of 7 years.

From 1 January 2012, the former early retirement benefits, with the exception of ‘40 years’ eligibility period for women’ (“*nők 40 év jogosultsági idővel*”), are now combined as ‘benefits prior to retirement age’ (*korhatár előtti ellátás*). The following are entitled to these benefits prior to retirement age:

- persons who fulfilled the age and service-time conditions required for advanced pension (*Előrehozott öregségi nyugdíj*) or advanced pension with reduced sum (*Csökkentett összegű előrehozott öregségi nyugdíj*) before 31 December 2011;
- women born in 1953, who have reached the age of 59 and who have at least 37 years’ service time before the starting date of the benefit prior to retirement age, but no later than 31 December 2012;
- persons who became entitled to the former early retirement pension due to hazardous working conditions (*korkedvezményes öregségi nyugdíj*) before the starting date of the benefit prior to the retirement age, but no later than 31 December 2012;
- persons who became entitled to miner’s pension (*bányásznyugdíj*) before 31 December 2011;
- persons who became entitled to old-age pension for artists before 31 December 2011;
- persons whose employment relationship was terminated before 1 January 2012 and who qualified for an early retirement benefit on that date, subject to certain conditions. For more details, please refer to the [MISSOC Tables](#).

Those entitled to an early retirement pension due to hazardous working conditions can claim a benefit prior to retirement age as many years before reaching the retirement age as the number of years of early retirement due to hazardous working conditions they have acquired until 31 December 2012, or if the starting day of the benefit is in 2012, until the day preceding the starting day of that benefit.

Pre-retirement benefits

In 2005, a new tool was introduced into the labour market, namely the “Premium years programme” designed to keep the elderly in active employment. The object of the programme is to let workers in the public sector ease into retirement by allowing them to continue to work part time. Public sector employees within three years of retirement who have completed at least 25 years of service can reduce their working hours while receiving 70% of their former salary, until they reach retirement age; this period counts towards social insurance rights. This benefit can be considered as a form of pre-retirement.

What is covered?

The amount of the pension depends on average wage and length of service time (insurance period). The average wage that is used as the basis for calculating the old-age pension is determined, as a general rule, on the basis of the income subject to pension contributions between 1 January 1988 and the date of retirement. At present, average wage is calculated on the basis of net wage.

The pay of preceding years is multiplied by an appropriate factor to bring it to the level of the second year before retirement. From 2008, net average pay for certain years is recalculated to bring it up to the level of the year preceding the year of retirement.

Minimum pension

The Hungarian pension system provides for a minimum pension, with a qualifying condition of 20 years of service, of HUF 28,500 (€ 97) per month. If the average contribution base is less than the amount of the minimum pension, the pension will equal 100% of average monthly wage.

Deferred pension

Persons with 20 years of service time who have reached retirement age, whose pension has not yet been granted and who have continued to work for at least 30 days are entitled to a pension increase of 0.5% of the amount of the pension for each supplementary 30-day period. In this case, the final amount of the pension can be more than the average monthly contribution base.

Death grants

Hungarian legislation provides for two types of benefit: a funeral expenses allowance and a funeral at public expense.

Funeral expenses allowance: the local government can grant an allowance for funeral expenses to anyone who assumes responsibility for a funeral while under no such obligation, or because the deceased's next of kin is unable to pay for the funeral without endangering his/her own livelihood or that of his/her family. This allowance can be granted if the monthly income of the family does not exceed the minimum statutory old-age pension per person. In case of single persons, the monthly income cannot exceed 150% of that amount. A funeral allowance cannot be less than 10% of the cost of the cheapest funeral, and may cover the whole cost if this would endanger the livelihood of the applicant or his/her family.

Funeral at public expense: the mayor of the commune, including the locality where the death occurred must ensure that the person is buried at public expense within 30 days of notification of the death, if there is no one to take charge or if the person whose responsibility it is cannot be found or refuses to do so. The cost of the funeral is reimbursed by the commune in which the deceased was last resident.

How are old-age benefits accessed?

Pensions have to be applied for, by using a standard form. If you live in Hungary, you can submit the form to any pension insurance directorate, in person, by post or electronically. Application forms can be downloaded from the government site (www.onyf.hu) or picked up from any pension client service.

If you are living or staying outside the EU/EEA, you must submit your application to the Pension Payment Directorate. If the application is not submitted in person, the applicant's signature on the printed form must be certified by a notary, or by the Hungarian Consulate, or by a local authority.

Chapter VII: Survivors' benefits

When are you entitled to survivors' benefits?

The survivors of an insured person are entitled to insurance survivors' benefits as long as the deceased had the necessary insurance period or was an old-age or invalidity pensioner before death. A person who is found by the courts to have intentionally provoked the death of the insured is not entitled to a benefit. Surviving dependants' pensions are paid to the widow and orphans of an insured person whose death is due to an accident at work (occupational injury).

Widow(er)'s pension

Persons eligible for Widow(er)'s Pension (*Özvegyinyugdíj*) are those whose spouse died as an old-age pensioner, or whose spouse

- died before reaching age 22, and
 - has accrued service period in the next 180 days after finishing studies, or
 - has accrued in total at least 2 years of service period,
- died between ages 22-25 and has accrued at least 4 years of service period,
- died between ages 25-30 and has accrued at least 6 years of service period,
- died between ages 30-35 and has accrued at least 8 years of service period,
- died between ages 35-45 and has accrued at least 10 years of service period,
- died after reaching age 45 and has accrued at least 15 years of service period.

Persons are also eligible, whose deceased spouse has not accrued the above-mentioned service periods, but has accrued the required service period for a lower age cohort, provided that after that date until the date of death there has been no interruption longer than 30 days in his/her service period.

Temporary and permanent Widow(er)'s Pension:

Temporary Widow(er)'s pension is due for 1 year or for a maximum of 3 years if the widow(er) cares for a disabled or permanently ill orphan.

Temporary Widow(er)'s pension is converted into permanent pension if the spouse:

- is above his/her relevant retirement age, or
- is deemed as a person with changed working capacity, or
- has at least two minor children (who are entitled to orphan's allowance) from the deceased.

Widow(er)s whose spouse switched back to the 1st pillar State pension scheme between 3 November 2010 and 31 January 2011 have the right to choose between widow(er)s' pension and a new benefit: widow(er)s' pension annuity (*özvegyi járadék*). The amount of widow(er)s' pension annuity is based on the accumulated amount.

Orphan's allowance

Any child, including a child of an earlier marriage or cohabitation, who is raised in the same household in the framework of a marriage or cohabitation, is entitled to an orphan's allowance. An adopted child is not entitled to an allowance from the death of his/her biological parent unless he or she has been adopted by his/her biological parent's spouse.

This allowance is also due to the brothers and sisters, grandchildren, great grandchildren and great-great grandchildren who have lived with the deceased in the same household when there is no one in their family who is obliged and able to look after them.

Parental pension

A dependent parent's pension will be paid to any person whose deceased child was an old-age or invalidity pensioner at the time of his/her death, or was entitled to either of those pensions if, at the time of his/her death, the parent is disabled or elderly (65 or over) and had been substantially dependent on the child during the last year of the latter's life.

What is covered?

Widow(er)'s pension

A temporary widow's pension is usually granted for a period of one year from the date of death of the spouse (up to three years if the widow(er) cares for an orphan).

Once this period has expired a permanent widow's pension is due if the person has reached the age of entitlement to the old-age pension (i.e. retirement age); or is disabled; or looks after at least two orphans (or after an orphan with disability or permanent illness) who are the children of the deceased. This permanent pension is also due if one of the above situations occurs within 15 years after the death of the deceased if he/she died before 1 March 1993 or within 10 years if he/she died after 28 February 1993.

The temporary widow's pension is 60% of the amount of the pension the deceased was receiving or would have been entitled to. The permanent widow's pension is also 60% if she has no pension in her own right, otherwise it is 30% of the deceased's pension.

If there is more than one beneficiary, the widow's pension is shared equally among them. There is no statutory minimum pension.

Orphan's allowance

The orphan's allowance is paid until the beneficiary reaches the age of 16 or has completed full-time education, to a maximum age of 25. If the child becomes disabled while still entitled to this pension, s/he retains this right for as long as s/he remains disabled, regardless of his/her age.

Eligible is the child, whose parent has fulfilled the service period required for Widow(er)'s Pension before his/her death, or died as an old-age pensioner.

The orphan's allowance is 30% of the deceased's pension, and 60% if both parents are deceased or if the surviving parent is disabled. As of 2010, this pension cannot be less than HUF 24,250 (€ 82). A child who is entitled to a pension from the right of both parents will be granted the more generous of the two.

Parental pension

The parental pension is calculated in the same way as the widow's pension on the same conditions (60% or 30%). If there is more than one beneficiary, the pension must be shared equally among them. There is no statutory minimum pension.

How are survivors' benefits accessed?

Pensions have to be applied for, by using a standard form. If you live in Hungary, you can submit the form to any pension insurance directorate, in person, by post or electronically. Application forms can be downloaded from the government site (<http://www.onyf.hu>) or picked up from any pension client service.

If you are living or staying outside the EU/EEA, you must submit your application to the Pension Payment Directorate. If the application is not submitted in person, the applicant's signature on the printed form must be certified by a notary, or by the Hungarian Consulate, or by a local authority.

Chapter VIII: Benefits in respect of accidents at work and occupational diseases

When are you entitled to benefits in respect of accidents at work and occupational diseases?

The Hungarian health insurance system provides accident benefit coverage to: insured persons and those with equivalent status; independent workers (individually or in groups) who are fully retired or are of retirement age and are receiving a survivor pension; or private pensioners who belong to a co-operative and who are gainfully employed on the basis of other employment contracts.

The insurance covers all injuries and illnesses incurred in the course of work, that are work-related or happen on the way to or from work (accidents at work), and diseases and deterioration of a worker's health due to the hazards peculiar to the job (occupational diseases). Occupational diseases are those listed as such by the government. The insurance does not cover injury or illness exclusively occurring because of the victim's behaviour.

The compulsory health insurance contributions paid by workers and employers also entitle beneficiaries to healthcare benefits in the event of an accident. These are:

- benefits in kind in the form of healthcare;
- cash benefits such as accident benefits and an accident allowance.

What is covered?

Benefits in kind

Benefits in kind include general medical assistance, 100% coverage for medicine, appliances and healthcare, and certain free dental treatments that are connected with the sickness or injury.

In addition to these, the insurance also covers: Hungarian citizens in full-time secondary or higher education; in apprenticeships or training programmes; people being treated in social therapy institutions; prisoners; volunteers performing public service work or activities; and workers with temporary work permits.

Work Accident Sickness Benefit

Work accident sickness benefit (*Baleseti táppénz*) is paid to people who, as a result of an accident at work or an occupational disease, are unable to work and cannot perform their normal work without an appliance or because of their state of health. These benefits, which are equal to 100% of income (90% in the case of an accident while travelling), are granted for one year, but may be extended for a further year if necessary.

Work Accident Annuity

A work accident annuity (*Baleseti járadék*) is paid to anyone who, as a result of an accident at work or occupational disease, suffers a loss of working capacity of more than 13-15% and is not entitled to disability benefit. If the loss of working capacity is no more than 25%, the allowance is paid for two years; otherwise, it is paid until the person is able to work again. The amount of this allowance depends on the loss of working capacity, and represents 8, 10, 15 or 30% of average monthly income.

Work-accident related invalidity pension

From 1 January 2012 these benefits can no longer be awarded. See part on [invalidity benefits](#).

How are benefits in respect of accidents at work and occupational diseases accessed?

The newly established authorised rehabilitation expert team makes a complex assessment on medical, social and employment issues. On the basis of this assessment, the team decides upon the extent of damage to health, the professional working capacity, the ability to be rehabilitated as well as on the directions and duration of the rehabilitation.

Benefits have to be applied for, using a standard form. If you live in Hungary, you can submit the form to any health insurance management agency, in person, by post or electronically. Application forms can be downloaded from the government site (<http://www.oep.hu>) or picked up from any pension management service.

If you are living or staying outside the EU/EEA, you must submit your application to the Central Hungary regional pension office. If the application is not submitted in person, the applicant's signature on the printed form must be certified by a notary, or by the Hungarian Consulate, or by a local authority.

Chapter IX: Family benefits

When are you entitled to family benefits?

In Hungary, the family assistance system comprises the following benefits:

- family allowance;
- child home care allowance;
- child raising support;
- birth grant;
- pregnancy-confinement benefit;
- child care fee.

The first four benefits are allocated and paid by the Hungarian State Treasury and its regional offices; the last two benefits are allocated and paid by the National Health Insurance Fund and its regional offices, or the corporate social insurance payment services.

Family allowance

This is a monthly allowance for raising and education expenses for children in a family. The beneficiary can be the biological parent, the spouse of the biological parent, the adoptive parent, the foster parent, the master of an apprentice, the guardian, or any other person with whom a child has been temporarily placed. The beneficiary can apply for this allowance for raising expenses from the birth of the child, and for a child above school age who is proved to attend school or who is enrolled in a public educational establishment up to the age of 20 (in case of special educational needs up to the age of 23) and who is living under the beneficiary's roof. In case of a certain number of unjustified absences of the child from school, the benefit has to be suspended. Students in higher education are not eligible. A child living temporarily outside the family to study, in Hungary or abroad, or for purposes of medical treatment, is also treated as if living at home.

Child home care allowance

Child home care allowance is payable to the parent, the foster parent or the guardian of a child raised under his or her roof until the age of three or, in the case of twins, until the end of the first year of compulsory schooling or in the case of a chronically ill or seriously disabled child, until the age of ten. The benefit can be paid to a grandparent if the child is a year old and is being raised and looked after in the parents' house with the parents' written consent. A parent receiving child home care allowance cannot engage in paid employment until the child is one year old: Above 1 year of age of the child the parent can work no more than 30 hours a week or longer if working at home. The parent of a sick child can pursue a gainful activity without time restriction above 1 year of age of the child. The parent of twins above 1 year of age can decide to work full time, in this case (s)he receives only the general amount of the child home care allowance. In case (s)he chooses to work no more than 30 hours a week, (s)he is entitled to the higher amount for twins. The grandparent cannot pursue a gainful activity under 3 years of age of the child, while above 3 years, the beneficiary can pursue a gainful activity no more than 30 hours a week, or without time restriction at home.

Child raising support

This support is paid to the parent, foster parent or guardian who is raising three or more minor children in his or her household. It is payable from the date when the youngest child reaches the age of three until that child reaches the age of eight. The person receiving child raising support can engage in paid employment for a maximum of 30 hours a week or longer if working at home. A child home care allowance and child raising support cannot be drawn together.

Birth grant and pregnancy-confinement benefit

See part on [maternity and paternity benefits](#).

Child care fee

The parent considered as entitled under the health insurance scheme — either the mother or the father — may be entitled to a child care fee until the child has reached the age of two. This benefit is paid to one of the parents after expiry of the pregnancy-confinement benefit period or after a period of the same length. This benefit is not paid when:

- the beneficiary is engaged in any sort of gainful employment - except for remuneration for services covered by royalty rights - or is practising a paid activity requiring an official permit;
- the beneficiary is being paid his or her full salary while on leave (if only part of the salary is being paid, the child care bonus corresponds to the remainder);
- the beneficiary is receiving other regular cash benefits (e.g. sickness benefit, invalidity or old-age pension) under Law III of 1993 on the administration of the social security system and the benefits provided;
- the beneficiary cannot look after the child under his/her own roof and the child has been temporarily placed in foster care or placed provisionally or for a longer period in an educational institution or placed in a social institution for more than 30 days;
- the child of the beneficiary has been placed in a day-care facility (integration or re-integration institutions not included);
- the beneficiary is in custody or detention or is in prison.

The amount of the child care fee is 70% of the average daily pay, capped at 70% of twice the statutory minimum wage.

What is covered?

Family allowance

In 2013, family allowance is (per month):

- for a family with one child, HUF 12,200 (€ 42);
- for a single-parent family with one child, HUF 13,700 (€ 47);
- for a family with two children, HUF 13,300 (€ 45) per child;
- for a single-parent family with two children, HUF 14,800 (€ 50) per child;
- for a family with three children or more, HUF 16,000 (€ 54) per child;
- for a single-parent family with three children or more, HUF 17,000 (€ 58) per child;
- for a family with a chronically ill or seriously disabled child, HUF 23,000 (€ 78);

- for a single-parent family with a chronically ill or seriously disabled child, HUF 25,900 (€ 88).

The allowance is due and paid for the whole month, regardless of the date of application and the date of cessation of the benefits.

Child home care allowance

The monthly child home care allowance is equal to the minimum old-age pension, regardless of the number of children; except for twins, where the amount is multiplied according to the number of children; for fractions of a month, the allowance is calculated in thirtieths of the monthly amount.

Child raising support

The child raising support is equal to the minimum old-age pension, regardless of the number of children; for fractions of a month, the allowance is calculated in thirtieths of the monthly amount.

Child care fee

The child care fee amounts to 70% of the daily average gross earnings of the previous year, with a ceiling of 70% of the double of the minimum wage.

How are family benefits accessed?

The Ministry of Human Resources (*Emberi Erőforrások Minisztériuma*) is responsible for family benefits. The family support benefits are paid from the central budget and the Health Insurance Fund (*Egészségbiztosítási Pénztár*), but in practice are operated and administered by the Hungarian State Treasury and the National Health Insurance Fund.

Benefits will be applied for with the Hungarian State Treasury. There are standard forms available in the regional offices or via the internet. The internet site is: www.allamkincstar.gov.hu. Forms are also available in English. There is also a wide-range on-call system in Hungarian language by telephone: +36-1-452-2900.

Chapter X: Unemployment

When are you entitled to unemployment benefits?

A job-seeker is a person who is registered as a job-seeker with the national employment service, i.e. who meets the necessary legal and other conditions enabling him/her to work (e.g. s/he does not need a work permit); citizens of the EU/EEA are regarded as job-seekers even if they do require a permit. A job-seeker cannot be a student in full-time education or a person entitled to an old-age pension, benefits prior to retirement age (*korhatár előtti ellátás*), rehabilitation annuity (*rehabilitációs járadék*) or benefits for persons with changed working capacity (*megváltozott munkaképességű személyek ellátásai*), and may not receive income from other activities, except for occasional work. A job-seeker has to co-operate with the national employment service.

A job-seeker who has worked for at least 360 days in the three years before becoming a job-seeker is entitled to a job-seeker benefit of one day's benefit for every ten days worked. This means that the minimum entitlement is for 36 days, and the maximum 90 days.

Job-seeker aid before pension can be granted to older job-seekers. See more in detail below, "What is covered?".

What is covered?

The unemployment benefits system comprises both active and passive benefits. For job-seekers, the latter include information about employment and the labour market, occupational guidance and counselling, local employment tips and job offers. A job-seeker can also take part in training and business start-up programmes. Moreover, there are many forms of employment support channelled through the employer, including support for job creation and job preservation, and support for places for young and disabled workers. Active support comprises job-seeker benefit, which is a financial benefit available to those who have lost their jobs, and job-seeker aid before pension. There is no special benefit for insured self-employed persons, who receive the same job-seeker benefit as the employees.

Job-seeker benefit

The law provides for the job-seeker benefit to be paid for maximum 90 days, and the allowance equals 60% of previous average pay, but the amount cannot be higher than 100% of the minimum wage (i.e. HUF 98,000 (€ 333)).

The amount of this benefit is calculated on the basis of the average pay in the four calendar quarters preceding the loss of the job. If the job-seeker has worked for more than one employer in that time, the amount of the allowance is calculated on the basis of the average pay received from all their employers. If the job-seeker's average pay cannot be determined, the amount of the allowance is calculated on the basis of 130% of the national minimum wage.

Job-seeker benefit stops: at the request of the beneficiary; if he or she becomes entitled to an old-age pension, benefits prior to retirement age, benefits for persons with changed working capacity, rehabilitation benefit, service benefit for armed forces, life annuity for ballet artists or to transitional annuity for miners; if he or she receives income from other activities for more than 90 days, except for occasional work; if he or she agrees to enrol in a training programme under which he or she will receive an allowance equal to the minimum wage; if he or she enters full-time education; when the period of entitlement ends; or if the beneficiary dies.

Job-seeker benefit should be terminated: if the beneficiary is removed from the register; if he or she no longer fulfils the criteria of a job-seeker; if he or she fails to attend meetings scheduled by the labour centre; if he or she does not accept appropriate job offers by the labour centre; if he or she fails to enrol in a training programme under which he or she will receive an allowance equal to the minimum wage; if he or she fails to participate in an employment facilitating labour market programme; or if he or she fails to report to the labour centre that he or she pursues a gainful activity.

Job-seeker aid before pension

It is a principle of the law that no group of unemployed persons can be less favourably treated than another. Thus job-seeker aid before pension is paid to a job-seeker who:

- is within five years of reaching retirement age,
- has been receiving job-seeker benefit (*álláskeresési járadék*) for at least 45 days, and the period of payment of benefit comes to an end, or their job-seeker benefit was terminated due to employment and they are not entitled again to job-seeker benefit,
- shall reach retirement age in not more than 5 years, or within 3 years after the termination of the job-seeker benefit,
- is not receiving benefit prior to retirement age (*korhatár előtti ellátás*), service benefit for armed forces (*szolgálati járandóság*), life annuity for ballet artists (*balettművészeti életjáradék*), or transitional annuity for miners (*átmeneti bányászjáradék*),
- has a sufficient contribution period for retirement (normally 20 years).

The relevant legislation lays down that job-seeker aid before pension can be paid until the person becomes entitled to the old-age pension or to benefits for persons with changed working capacity (*megváltozott munkaképességű személyek ellátása*). The amount of the compensation is 40% of the minimum wage (HUF 39,200 (€ 133)) at the time when the application is made. If the calculation of the job-seeker benefit was based on a lower amount than the aforementioned sum, the aid will be equal with this lower amount.

The job-seeker receiving this compensation is authorised to work. Unlike the job-seeker benefit, the income from this work has no impact on the payment of job-seeker benefit. Otherwise, the rules for the cancellation and suspension of job-seeker's compensation are generally the same as those for job-seeker benefit.

How are unemployment benefits accessed?

A person who loses his or her job must register with the competent branch of the National Labour Office. They must declare themselves a job-seeker actively looking for work and must co-operate with that service. For more information see <http://www.munka.hu>.

Chapter XI: Minimum resources

When are you entitled to benefits regarding minimum resources?

In Hungary there are two types of special non-contributory benefits:

- invalidity annuity;
- non-contributory old-age allowance.

Moreover, there is a benefit for persons in active age.

Invalidity annuity

This is paid to any person who before the age of 25 has been assessed by the national institute of medical experts through the competent medical committee as wholly unable to work and who is not entitled to an accident pension or allowance. The right to this benefit operates from the first day of the month in which the applicant turns 18 years of age. A person who is placed in an institution free of charge is not entitled to this benefit.

Non-contributory old-age allowance

Elderly persons whose income is insufficient to support them are entitled to an old-age allowance. This applies to:

- persons of 62 years of age or older, or who are of legal pension age and who are living with a spouse or cohabiting partner, where their joint net monthly income does not exceed 160% of the minimum statutory old-age pension;
- persons living alone who are 62 years of age or older, or eligible for the old-age pension but are less than 75, and whose monthly income does not exceed 95% of the minimum statutory old-age pension;
- persons living alone who are 75 years of age or older, and whose monthly income is less than 130% of the minimum statutory old-age pension. The amount of the pension paid depends on which category the beneficiary belongs to.

The old-age allowance cannot be granted or paid to a person who is in custody or in prison, who is resident abroad for more than three months, or who is an EU citizen whose resident's permit has expired or been withdrawn.

Benefit for persons in active age

This benefit is provided to ensure a minimum standard of living for persons in active age (ranging from the age of 18 until to retirement age) who are not employed and not in education, and who do not have sufficient living resources.

What is covered?

Invalidity annuity

The amount of invalidity annuity is HUF 33,330 (€ 113) a month.

Non-contributory old-age allowance

As regards old-age allowance, if the beneficiary is not living alone, the amount is 80% of the minimum statutory old-age pension; for those in the second category (aged 62-75 and living alone), the amount of the pension is 95% of the minimum statutory old-age pension; for those in the third category (one-person households above 75 years) it is 130% of the minimum statutory old-age pension.

Benefit for persons in active age

Two types of cash benefits are paid in this framework, i.e. regular social allowance and employment substituting benefit. The amount of the regular social allowance depends on the size, composition and income of the family; the amount of the employment substituting benefit is fixed.

How are minimum resources benefits accessed?

The local governments and the district offices manage the social assistance system and they grant various social assistance benefits. Invalidity annuity is administered by the territorially competent social insurance agency and is paid by the pension service.

The evaluation of eligibility is done by the local authorities or the district offices. The claimant has to complete a form and attach the documents on the family's income (in the case of benefit for persons in active age (*aktív korúak ellátása*) also on family properties). Under certain conditions other documents are also needed, e.g. a document on health impairment or a certificate of the public employment service on the exhaustion of Job-seeker Benefit (*Álláskeresési járadék*). The authority has to take a decision on the claim within a period of 30 calendar days (in certain cases 21 calendar days), which can be extended by another 30 calendar days.

Chapter XII: Long-term care

When are you entitled to long-term care?

Social services can be provided to persons who have a certain type of dependency – needs differ, thus the types of care services the person wants to receive differ accordingly.

Long-term care services for the elderly

These services are provided:

- according to the person's dependency level;
- if there is a need for care for less than 4 hours per day, he or she can only receive home care;
- if there is a need for care for more than 4 hours per day, he or she can receive care in a home for the elderly.

Long-term care services for people with disabilities

He or she must suffer from:

- certain types of disability;
- blindness or severe visual impairment;
- deafness or acute hearing loss;
- mental disability manifested at birth or before reaching the age of 14 years;
- severe physical and/or functional disability requiring assistance from another person.

Long-term care services for psychiatric patients and persons with addictions and Long-term care services for homeless persons

A serious dependency level is required to access these services (he or she has to be unable to carry out activities of daily living sufficiently).

Nursing fee

A nursing fee is payable to persons who provide long-term care for family members who are disabled or under 18 years of age and permanently ill. Nursing fee can be provided by the local governments also to those who provide long-term care for family members who are above 18 years of age and permanently ill.

What is covered?

There is no particular definition for long-term care and no separate long-term care system; the long-term care services are supplied within the healthcare and social service system. Long-term care services are based on social assistance and financed by the State budget. Both cash benefits and benefits in kind are provided.

Nursing fee

The amount of assistance is 100% of the basic amount defined by the Act on Central Budget (i.e. HUF 29,500 (€ 100)), while in the case of persons with severe disabilities in need of intensive care it is 130%. The amount of nursing fee granted to those who provide long-term care for permanently ill family members above 18 years of age cannot be lower than 80% of the basic amount.

How is long-term care accessed?

In case of long-term care services, personal social care (social services) is provided according to the Social Act by the State and local governments. The local governments are responsible for organising the services. Besides local governments, NGOs and Churches can also provide services, but only the local government has an obligation to provide these services. However, providing long-term care services for people with disabilities, psychiatric patients and persons with addictions is a compulsory task of the State.

In the case of personal social care (social services), a detailed evaluation exists for home care and homes for the elderly. If a person has a dependency, there is no regular re-assessment. Long-term care services for people with disabilities, psychiatric patients and persons with addictions require a regular re-assessment to be carried out. The conditions of the users are re-examined and evaluated in every five-year period in order to learn the actual condition/state of health of the person and to create or modify the personal development plan. (If a person's condition does not require care he or she has to leave the institution.) A national assessment scale, taking into account a person's daily activities, social and health needs, is in place.

Benefits are subject to means-testing. The basic rule is that the care recipient has to pay for the service, but in case he or she does not have an income (nor any relative who would be responsible and able to fulfil his/her obligation to support and care for the beneficiary), the service is provided free of charge.

Annex: Useful addresses and websites

For social security issues concerning more than one EU country, you may search for a contact institution on the Institutions' directory maintained by the European Commission and available at: <http://ec.europa.eu/social-security-directory>.

Enquiries concerning the effect on benefits of insurance in two or more Member States should be addressed to:

Ministry of Human Resources
Emberi Erőforrások Minisztériuma
Arany János utca 6-8
1051 Budapest
<http://www.kormany.hu/hu/emberi-eroforrasok-miniszteriuma>
<http://www.kormany.hu/en/ministry-of-human-resources>

Ministry for National Economy
Nemzetgazdasági Minisztérium
Honvéd utca 13-15
1054 Budapest
1373 Budapest, Pf. 609.
<http://www.ngm.gov.hu>
<http://www.kormany.hu/en/ministry-for-national-economy>

National Health Insurance Fund
Országos Egészségbiztosítási Pénztár, OEP
Váci út 73/a
1139 Budapest
<http://www.oep.hu>

Central Administration of National Pension Insurance
Országos Nyugdíjbiztosítási Főigazgatóság, ONYF
Fiumei út 19/A
1081 Budapest
<http://www.onyf.hu>

National Labour Office
Nemzeti Munkaügyi Hivatal
Kálvária tér 7
1089 Budapest
<http://www.munka.hu>

Hungarian Central Statistical Office
Központi Statisztikai Hivatal, KSH
Keleti Károly u. 5-7
1024 Budapest

Hungarian State Treasury
Magyar Államkincstár
Hold u. 4.
1054 Budapest
<http://www.allamkincstar.gov.hu>

The Central Bank of Hungary:
Magyar Nemzeti Bank
Szabadság tér 8/9
1054 Budapest
<http://www.mnb.hu/>