European Commission

Your social security rights

in Latvia

Employment, Social Affairs and Inclusion

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 Latvian social security scheme comprises:

- care services, sickness insurance, maternity and paternity benefits;
- benefits in the event of accidents at work and occupational diseases;
- funeral allowance;
- disability pensions;
- old-age and survivors' pensions;
- unemployment insurance;
- family allowances.

Organisation of social protection

The social security system in Latvia is organised by the Ministry of Welfare *(Labklājības ministrija)* whose main task in the field of social security is to develop and to implement State policy in the field of social insurance and State social benefits.

The central organ responsible for the national health policy and the overall organisation and functioning of the health system is the Ministry of Health *(Veselības ministrija)*.

The State Social Insurance Agency *(Valsts sociālās apdrošināšanas aģentūra)* and its local offices administer the State social benefits and social insurance services: sickness, unemployment, parental, maternity, old-age, survivors, invalidity, employment injuries and occupational diseases.

The State Employment Agency *(Nodarbinātības valsts aģentūra)* manages the registration for labour mediation, work placements and retraining programmes, whereas the State Social Insurance Agency manages payment of the unemployment benefit.

Social services are administered by the Ministry of Welfare *(Labklājības ministrija)*, its subordinated institutions (Social Integration State Agency (*Sociālās integrācijas valsts aģentūra)*), NGOs and the municipalities, whereas social assistance is administered by the municipalities. Municipalities are not under the control of any ministry.

The administration of the health care budget is undertaken by the National Health Service *(Nacionālais veselības dienests)*. National Health Service makes annual contracts with the providers of medical services, and covers expenses for medical care of the persons entitled to health care services covered by the State to the service providers under these contracts.

Financing

The State Revenue Service *(Valsts ieņēmumu dienests)* ensures the registration of tax payments and tax payers; the collection of State taxes, fees and other mandatory

payments on the territory of the Republic of Latvia; the collection of the taxes, fees and other mandatory payments for the EU budget; and the implementation of customs policy.

The contribution rate for compulsory social insurance is 35.09% of gross salary, 24.09% of which is paid by the employer and 11% by the employee. The employer is responsible for paying these contributions; s/he automatically deducts the percentage laid down in legislation from the employee's income.

For self-employed workers, the compulsory social insurance contribution is calculated on the basis of income from production, carrying out work, providing services, exceptional and occupational activities and other income.

Chapter II: Healthcare

When are you entitled to healthcare?

The following persons are entitled to healthcare covered by the State budget:

- Latvian citizens as well as their children;
- Latvian non-citizens as well as their children;
- citizens of Member States of the European Union, of European Economic Area States and of the Swiss Confederation who reside in Latvia in relation to employment or as self-employed persons, as well as their family members;
- foreigners who have a permanent residence permit in Latvia as well as their children;
- refugees and persons who have been granted alternative (subsidiary protection) status as well as their children;
- persons detained, arrested and sentenced with deprivation of liberty as well as their children;

The spouses of Latvian citizens and Latvian non-citizens who have a temporary residence permit in Latvia have the right to receive free of charge care for pregnant women and birth assistance paid from the State basic budget.

What is covered?

The statutory health care system covers all health care services except those that are excluded from its scope. Only services provided by physicians and institutions that have contractual agreements with the National Health Service are covered by the State.

The patient, except those under 18, pregnant women, needy persons and others with one of a number of specified conditions, makes a financial contribution for general practitioners' visits, specialists' visits, stays in hospitals, pharmaceuticals as well as for several diagnostic examinations. The amount of contribution varies depending on the service.

How is healthcare accessed?

In the first instance you have to make an appointment with a general practitioner.
A referral from a general practitioner is required in order for care or diagnostic examinations from a specialist or a hospital to be covered by the State. By exception, no referral is needed in cases of emergency or for defined specialists, e.g. gynaecologists or paediatricians. If patients do not have a referral, e.g. because they wish to avoid waiting times, all costs have to be covered out-of pocket or through voluntary health insurance.

Before going to the doctor for care services, the patient should ascertain whether:

- the doctor or care centre is a contracted service provider;

- provision of the necessary care is covered by the State.

Anyone receiving care services guaranteed by the State should pay the rate laid down by the State (see above “What is covered”).

Chapter III: Sickness cash benefits

When are you entitled to sickness cash benefits?

Sickness insurance benefits are paid where a person does not report to his or her workplace and thereby loses his or her wage or where a self-employed worker loses his or her income for one of the following reasons:

- sickness or injury;
- medical or preventive care;
- quarantine;
- treatment in a medical convalescence centre on a medical prescription where considered necessary by the medical profession until the patient regains his or her capacity to work;
- care for sick children under the age of 14;
- hospital stay for fitting of a prosthesis or orthosis.

Socially insured employed and self-employed persons are eligible.

What is covered?

Incapacity for work benefit (i.e. sickness benefit *(slimības pabalsts)*) is paid from the 11th day of incapacity until capacity for work is recovered in accordance with the following conditions:

- for an initial period of incapacity of 26 weeks, from the first day of incapacity for work, without interruption;
- for a maximum period of incapacity of 52 weeks over three years, with interruptions.

In special cases, if the necessity to continue medical care is established, the period of sickness benefit payment can be continued for the period longer than defined 26 weeks, but not longer than for 52 weeks, counting from the first day of incapacity for work if incapacity is continuous.

A one-day waiting period applies. The employer pays compensation from the 2nd until the 10th day of incapacity.

If the person concerned is incapable of work as a result of caring for a sick child under 14 years of age, the daily benefits are paid from the first until the 14th day of incapacity if the child is cared for at home, and from the 15 th to the 21st day if the child is cared for in hospital.

The amount of the daily sickness benefit is 80% of the insured person's insurance wage, calculated on the basis of income over 12 months used as the basis for the payment of social security contributions. Temporarily, between 1 January 2010 and 31 December 2014, that part of the benefit exceeding LVL 11.51 (€ 16) per day is paid at half rate.

A funeral benefit *(Apbedīšanas pabalsts)* is paid in the event of the death of the

insured person or in the event of the death of a dependent family member.

How are sickness cash benefits accessed?

The application for daily sickness benefits addressed to the State Social Insurance Agency *(VSAA*) must be accompanied by a medical certificate and a statement from the employer certifying that the person concerned has not worked during the period of incapacity for work; a self-employed worker states on his or her own behalf that s/he has received no income during the period of incapacity for work.

These documents may be delivered to any *VSAA* office, either by the insured person him- or herself or by an authorised person upon presentation of an identity card. They may also be sent by post to a *VSAA* office or submitted electronically. Daily sickness benefits may be applied for within 12 months following the first day of incapacity for work.

Chapter IV: Maternity and paternity benefits

When are you entitled to maternity or paternity benefits?

Socially insured employed and self-employed persons are eligible.

Maternity benefit

Maternity benefit *(maternitātes pabalsts)* are paid throughout the period of maternity leave (pregnancy leave and post-natal leave), if the mother does not return to work and thus loses her income or if, as a self-employed worker, she loses her income.

Paternity benefit

Paternity benefit *(paternitātes pabalsts)* are paid to the father on the birth of a child (10 calendar days leave).

Parental benefit

Parental benefit *(vecāku pabalsts)* is paid to persons who are on child care leave and who are raising children under one year of age, if these persons are employed on the day the benefit is granted. The benefit is granted to one of the parents or to the person who takes care of a child as a guardian, adoptive parent or foster parent.

What is covered?

Maternity benefit

Pregnancy leave of 56 calendar days and post-natal leave of 56 calendar days is paid. Maternity benefits thus cover a period of 112 calendar days.

If a woman is registered with her doctor before the 12th week of pregnancy and must be continually monitored during the rest of her pregnancy, an additional 14 days of leave is added to the statutory pregnancy leave, in which case the benefit is paid for the total 70 days of leave.

In the event of natal or post-natal complications, and of multiple births, an additional 14 days of leave is added to the statutory post-natal leave, in which case the benefit is paid for the total 70 days of leave.

Maternity benefit is 80% of the average insurance wage, calculated on the basis of income over 12 months used as the basis for the payment of social insurance contributions.

From 3 November 2010 to 31 December 2014, that part of the benefit exceeding LVL 23.02 (€ 33) per day is paid at half rate.

Paternity benefit

Paternity benefit is 80% of the average insurance wage, calculated on the basis of income over 12 months used as the basis for the payment of social insurance contributions.

From 3 November 2010 to 31 December 2014 the part of the benefit exceeding LVL 23.02 (€ 33) per day is paid at half rate.

Parental benefit

Parental benefit is 70% of the average insurance wage calculated on the basis of income over 12 months used as the basis for the payment of social insurance contributions, but not less than LVL 100 (€ 142) per month.

Until 31 December 2014 (for persons taking care of a child born after 2 November 2010) the part of the benefit exceeding LVL 23.02 (€ 33) per day is paid at half rate.

The payment of parental benefit will be interrupted, if the person in the same time period receives unemployment benefit.

How are maternity and paternity benefits accessed?

Maternity benefit

In order to receive maternity benefit, the mother must apply to the State Social Insurance Agency *(VSAA*), attaching a maternity certificate and a statement from the employer certifying that she has not worked during the period of maternity leave; a self-employed worker states on her own behalf that she has received no income during the period of maternity leave.

Paternity benefit

In order to receive paternity benefit, the father must apply to the State Social Insurance Agency *(VSAA*), attaching a statement from the employer certifying that the father of the child is on leave for the birth of his child.

Parental benefit

In order to receive parental benefit, one of the parents or the person who takes care of a child as a guardian, adoptive parent or foster parent must apply to the State Social Insurance Agency *(VSAA)*.

The application may be delivered to any *VSAA* office, either by the father or mother personally or by an authorised person upon presentation of an identity card. It may also be sent by post to a *VSAA* office or submitted electronically. Maternity/Paternity/Parental benefits may be applied for within the 12 months following the confinement.

Chapter V: Invalidity benefits

When are you entitled to invalidity benefits?

Any person insured for at least three years who has not reached the age required for the award of an old-age pension (62) and is recognised as disabled may receive a disability pension. The degree and duration of disability are determined by the Health and Capacity for Work Expert Physicians' Commission *(VDEAVK)*.

The disability pension is paid until the disabled person reaches the age required for the award of an old-age pension.

What is covered?

The amount of disability pension for persons classed in disability groups I and II depends on:

- the insured person's average insurance wage, calculated over 36 consecutive months during the five years preceding the award of a disability pension;
- the insured person's insurance record;
- the maximum possible rate of insurance record determined between the age of 15 and retirement age.

The amount of disability pension for group III corresponds to the amount of the State social security benefit.

Disability pension is granted at a minimum rate, if the person during the five year period before the granting of the disability pension has not been subject to disability insurance.

Disability pension recipients whose pension was first granted before 1 January 2012 are entitled to receive a monthly supplementary payment regarding insurance periods which have been completed up to 31 December 1995 and which have been taken into account upon the granting (or the recalculation) of the pension.

How are invalidity benefits accessed?

In order to receive a disability pension, the insured person must apply to the State Social Insurance Agency *(VSAA)* for a disability pension, attaching a document confirming his or her seniority.

Chapter VI: Old-age pensions and benefits

When are you entitled to old-age benefits?

Women and men who have reached the age of 62 and have completed an insurance period of not less than 10 years may receive an old-age pension.

The insured person who accumulates not less than 25 years' insurance record and has taken care of five or more children or of a disabled child during a period of at least 8 years until the child reaches the age of 18, may apply for an old-age pension five years prior to the statutory retirement age. This entitlement to early retirement is not granted if the insured person's custody or guardianship rights have been withdrawn.

Pre-retirement

Men and women with an insurance period of not less than 30 years may claim a pre-retirement pension two years before the standard retirement age.

Supplementary pension

The funded supplementary, or second pillar, pension scheme is compulsory for all insured persons who were under 30 years of age on 1 July 2001. Those aged 30 to 49 on that date may join the second pillar pension scheme voluntarily.

What is covered?

The amount of old-age pension depends on the contributor's insurance record (until 1996), the amount of contributions (since 1996) and the person's age.

In order to calculate the amount of old-age pension during the transition period, account is taken not only of the capital saved by means of contributions by or for that person since 1 January 1996, but also of the initial capital corresponding to the insurance period up to 31 December 1995. The amount of initial capital depends on the insured person's insurance record and his or her average insurance wage during the period from 1996 until 1999 (for 4 years).

Old-age pension recipients whose pension was first granted before 1 January 2012 are entitled to receive a monthly supplementary payment regarding insurance periods which have been completed up to 31 December 1995 and which have been taken into account upon the granting (or the recalculation) of the pension.

Pre-retirement

If pre-retirement pension is granted after 1 July 2009, 50% of the granted pension amount is paid, but if pension has been granted until 30 June 2009, 80% of the granted pension amount is paid.

How are old-age benefits accessed?

In order to receive an old-age pension, the retired person must apply to the State Social Insurance Agency *(VSAA)*, attaching his/her employment record card and any other documents certifying his/her employment seniority.

Chapter VII: Survivors' benefits

When are you entitled to survivors' benefits?

Survivor's pension

A survivor's pension may be received by members of the family of a deceased contributor who were unfit for work and dependent on him/her. A survivor's pension is paid to the children of a deceased contributor, whether or not they were dependent on him/her.

Members of the family who are unfit for work are considered to be:

- children under 18 years of age and adult children affected with a disability prior to the age of 18;
- brothers, sisters and grandchildren under 18 years of age, if their parents are unfit for work or if, although adults, they were affected with a disability prior to the age of 18.

The abovementioned persons aged between 18 and 24 have the right to a survivor's pension if they are full-time students.

Adopted children have the same entitlement to a survivor's pension as natural children.

Death grants

An allowance for funeral costs is awarded to:

- members of the insured person's family, or the person in actual charge of the insured person's funeral arrangements;
- members of the unemployed person's family, or the person in actual charge of the unemployed person's funeral arrangements, if that person was receiving unemployment benefit or has paid contributions for not less than 12 months during the last 36 months before registering as unemployed;
- the insured person in the event of the death of a dependent member of his or her family;
- the family of a State pension or State social security benefit recipient or the person in actual charge of the funeral arrangements.

An allowance for funeral costs is awarded also when the death of the insured person or of his/her family member has occurred within a period of one month after the expiry of the period of social insurance contributions.

What is covered?

Survivor's pension

The amount of survivor's pension is calculated taking into account the forecast amount of old-age pension for the deceased family provider, which may not be less than 65% of the State social security benefit for each child. The survivor's pension for orphaned

children is calculated on the basis of the forecast old-age pension of the deceased person:

- for one child: 50% of the pension;
- for two children: 75% of the pension;
- for three and more children: 90% of the pension.

The survivor's pension is awarded from the day of the death of the provider if supporting documents are provided within the 12 months following the provider's death.

Death grants

The amount of the allowance for funeral costs in the event of the death of the insured person corresponds to double his or her average insurance monthly wage. If the deceased was unemployed, the amount of the allowance corresponds to three times the monthly State social security benefit on the day of his or her death. If the deceased was a dependent member of the insured person's family, the amount of the allowance corresponds to three times the monthly State social security benefit on the day of his death. If the deceased was a State pension recipient, the allowance for funeral costs represents his or her two months' pension. The spouse of the deceased recipient of the State pension is also entitled to an extraordinary allowance corresponding to two months' pension of the deceased's person, provided s/he is a recipient of old-age, invalidity or service pension. If the deceased was a State social security benefit recipient, the amount of the allowance corresponds to twice the monthly State social security benefit.

How are survivors' benefits accessed?

Survivor's pension

In order to receive a survivor's pension, the beneficiary must deliver to any office of the State Social Insurance Agency (VSAA), upon presentation of an identity card:

- a pension application;
- death certificate;
- children's birth certificate(s) (where appropriate);
- documents certifying the deceased person's seniority;
- documents certifying parental links;
- documents certifying the child's disability (where appropriate);
- documents certifying dependence on the deceased
- a certificate from the education establishment to the effect that the child has reached the age of 18.

Death grants

In order to receive the allowance for funeral costs, the beneficiary must apply to the State Social Insurance Agency (VSAA).

If death occurs as the result of an accident at work or occupational disease, the beneficiary must also provide a certificate attesting to the accident at work or the conclusion of a medical expert diagnosing an occupational disease.

The application and documents may be presented at any VSAA office on presentation of an identity card. Applications may also be sent by post to a VSAA office or

submitted electronically. The application for funeral costs may be presented within 12 months of the day of death.

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?

An insured person who is temporarily incapable of working, or the family members of the insured person who dies as a result of an accident at work or occupational disease, may receive these benefits.

In order to receive occupational disease benefit, the person must have been insured against accidents at work and occupational diseases for at least three years.

If the insured person dies as a result of an accident at work or occupational disease, the members of his or her family are entitled to a compensation for the loss of a provider and to funeral allowances.

What is covered?

There are various types of benefits:
- sickness benefit;
- incapacity benefit (compensation for the loss of capacity for work, if the loss of capacity for work is not less than 25%);
- compensation for additional expenses (health and retraining costs, personal care, purchase and repair of technical appliances, travel expenses, medical appointments).

The amount of sickness benefit and incapacity benefit depends on the insured person's average insurance wage calculated over the previous 12 months, excluding the two months preceding the month in which the accident at work occurred or the occupational disease was diagnosed.

The total amount of the compensation for additional expenses per insurance case must not exceed twenty-five times the amount of the State social security benefit.

Sickness benefit

Sickness benefit is 80% of the average insurance wage in the case of an accident at work from the 11th day in the event of incapacity for work (from the first day until the 10th calendar day the sickness benefit is paid by the employer), and from the first day in the event of an occupational disease.

Temporarily, between 1 January 2010 and 31 December 2014, that part of the benefit exceeding LVL 11.51 (€ 16) per day is paid at half rate.

Incapacity benefit

The amount of benefits paid for incapacity for work is calculated in accordance with the degree of loss of capacity for work and the average insurance wage.

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

In order to receive these benefits, the insured person must apply to the State Social Insurance Agency (VSAA), attaching a statement confirming the accident at work or the conclusion of the Health and Capacity for Work Expert Physicians' Commission (VDEAVK).

Additional documents to be provided in order to receive benefits and specific allowances:

- sickness benefit: certificate of incapacity for work;
- incapacity benefit: extract from the VDEAVK file on the degree of incapacity for work;
- compensation for additional expenses: documents justifying the necessity for and amount of additional expenditure;
- compensation for the loss of a provider: document provided by the medical establishment certifying that death was due to an accident at work or occupational disease; documents providing evidence of family links, incapacity for work or direct billing.

These documents may be presented at any VSAA office on presentation of an identity card.

Compensation for the loss of a provider

In case of death of the insured person due to an accident at work or an occupational disease a compensation for the loss of a provider is granted to his/her family members incapable for work who were partially or fully supported by the deceased person. The amount of the compensation for the loss of a provider is calculated in proportion to the monthly average contribution wage of the deceased person.

The compensation for the loss of a provider is paid to the children of the deceased person until they reach 18 years of age or 24 years of age if they study full-time in a secondary or higher education establishment. If the children of the deceased provider have become disabled before reaching 18 years of age, they are entitled to receive the compensation regardless of age.

Chapter IX: Family benefits

When are you entitled to family benefits?

Latvian citizens, non-citizens, foreigners and stateless persons to whom a personal identity number has been granted and who permanently reside in Latvia may receive family allowances.

Specific entitlement conditions apply for the different family benefits (see below "What is covered").

What is covered?

Childbirth allowance

Childbirth allowance is paid to one of the child's parents or to the person who takes into guardianship a child prior to the age of one year. Entitlement to childbirth allowance begins on the eighth day of the child's life or following his or her adoption or the establishment of guardianship.

Childbirth allowance is a fixed amount. The amount of childbirth allowance is set at LVL 296 (€ 422).

Child care benefit

Child care benefit is awarded to the person responsible for the care of a child under two years of age.

Child care benefit is not awarded for a child whose birth opens entitlement to a maternity benefit or parental benefit during the same period.

The amount of benefit is defined as follows:

- for a parent (mother or father) not in employment, until the child reaches one year of age: the monthly amount of the allowance is fixed at LVL 100 (€ 142);
- for a parent with a dependent child between one and 1.5 years of age: LVL 100 (€ 142) per month;
- for a parent with a dependent child between 1.5 and two years of age: the monthly amount of the allowance is fixed at LVL 30 (€ 43);

If the child care benefit or parental benefit is awarded for a multiple birth (twins or more), a supplementary allowance is awarded for each additional child. This amounts to LVL 100 (€ 142) per month until 1.5 year of age, then LVL 30 (€ 43) per month until the child is two years old.

Disabled child care benefit

Disabled child care benefit is awarded to a person who is responsible for the care of a child whose disability has been recognised by the Health and Capacity for Work Expert

Physicians' Commission (VDEAVK), which has issued a statement certifying the need for specific care owing to serious physical and functional difficulties.

Entitlement to disabled child care benefit is established once the Health and Capacity for Work Expert Physicians' Commission (VDEAVK) has issued a statement certifying the need for specific care for the child. Payment of the benefit ceases at the end of the determined period of incapacity and specific dependency, or when the child reaches the age of 18. The monthly amount of the disabled child care benefit is fixed at LVL 150 (€ 214).

State family benefit

State family benefit is awarded to any person (parent, guardian or actual guardian), raising a child:

- aged from one to 15 years;
- aged over 15, but undergoing general or vocational training and unmarried. In that event, the allowance is awarded during the time the child is undergoing training, until reaching the age of 19 or until marriage.

The monthly amount of the benefit is fixed at LVL 8.00 (€ 11). There is no variation with the number of children or with income. The benefit is not paid for a child who is in institutional care.

If the State family benefit is granted for a disabled child who has not reached 18 years of age, a supplement will be paid with the benefit in the fixed amount – LVL 75 (€ 107). The right to this supplement for a person raising a disabled child shall remain regardless of the payment of the State family benefit until the disabled child has reached 18 years of age.

There are other allowances to support those who foster, adopt or otherwise care for children (e.g. guardians). For more details, please refer to the MISSOC Tables.

How are family benefits accessed?

Applications should be submitted to the State Social Insurance Agency *(VSAA)* personally, by post or electronically.

Chapter X: Unemployment

When are you entitled to unemployment benefits?

In order to receive unemployment benefit, the applicant must be registered as unemployed with the State Employment Agency *(NVA)*; s/he must be socially insured for at least one year and have paid contributions for at least nine months during the last 12 months before registering as unemployed.

Unemployed persons for whom unemployment contributions have not been paid or have been paid for less than nine months during the 12 months before registering as unemployed but who, during this period, were recognised as fit for work following a period of incapacity or who have been caring for a disabled child under 16 years of age may also receive unemployment benefit. In such cases, unemployment benefit may be granted only on condition that the jobseeker is registered with the State Agency for Employment *(NVA)* in the month following his or her recovery or after the disabled child has reached the age of 16 (or on the day of the death of a child who has not reached that age).

What is covered?

The amount of unemployment benefit is calculated on the basis of the wage which served as the basis for calculating social contributions. The amount of the benefit varies according to the length of the insurance record:

- for persons with an insurance record from 1 to 9 years (inclusive): 50% of the average insurance wage;
- for persons with an insurance record from 10 to 19 years (inclusive): 55% of the average insurance wage;
- for persons with an insurance record from 20 to 29 years (inclusive): 60% of the average insurance wage;
- for persons with an insurance record greater than 30 years: 65% of the average insurance wage.

These rates (the “set benefits”) are only granted in full during the first months of unemployment; if unemployment lasts longer, they are decreased:

- first 3 months of unemployment: 100% of the set benefit,
- from 4-6 months of unemployment: 75% of the set benefit,
- from 7-9 months of unemployment: 50% of the set benefit.

The maximum duration of the payment of unemployment benefit is 9 months.

Furthermore, between 1 January 2010 and 31 December 2014, the part of the benefit exceeding LVL 11.51 (€ 16) per day is granted at half rate.

How are unemployment benefits accessed?

In order to receive unemployment benefit after the registration as an unemployed person with the State Employment Agency *(NVA)*, the unemployed person must apply to the State Social Insurance Agency *(VSAA*) together with the documents attesting to the length of his or her insurance record (work record card, certificates, work contracts and documents attesting to the ending of the work contract), if the State Social Insurance Agency does not have information about the length of person's insurance record.

If the application is made by a person who, prior to receiving the status of an unemployed person, was caring for a disabled child under 16 years of age, or if the applicant has become fit for work following a period of disability, the Health and Capacity for Work Expert Physicians' Commission *(VDEAVK*) attests the child's disability or the period of person's disability by sending additional information to the State Social Insurance Agency.

The application for the benefit must be submitted to any office of the State Social Insurance Agency *(VSAA)* personally, by post or electronically.

Chapter XI: Minimum resources

When are you entitled to benefits regarding minimum resources?

Guaranteed minimum income benefit

The scheme is intended to ensure a minimum level of income for each member of needy persons and households. A person (or a family) is recognised as needy if the income (per family member) during the last three months does not exceed LVL 90 (€ 128) and if the person or family satisfies the means-related conditions.

Eligibility extends to:

- Latvian citizens;
- non-citizens and foreign nationals who have been granted a personal identity number, except for persons who have received a temporary residence permit;
- refugees and persons who have been granted alternative (subsidiary protection) status as well as their family members.

There are no nationality or age requirements but permanent residence in the administrative territory of the respective local authority is required.

State social security benefit

State social security benefit is awarded to any person who, while not entitled to a State pension (with the exception of the survivor's pension for disabled persons) or insurance indemnity for an occupational accident or an occupational disease, fulfils the following conditions:

- is not employed and is five years older than the retirement age. This allowance is awarded for life;
- is disabled and over 18 years of age. This allowance is awarded during the period of invalidity;
- is a minor, has lost one or both parents and is unmarried. In this event, the allowance is awarded until reaching the age of majority. After reaching the age of majority, the beneficiary continues to receive the allowance until reaching the age of 20 if undergoing general or vocational training, or until the age of 24 if pursuing full-time studies at an institution of higher education.

Allowance for the compensation of transportation expenses for disabled persons with restricted mobility (mobility support)

This allowance is awarded to the disabled person him- or herself or to a person with dependent disabled children, upon presentation of a medical certificate stating the need to acquire a specially adapted vehicle and to receive an allowance for the compensation of transportation expenses. Disabled persons are entitled to receive this allowance from the day on which a certificate is issued by the Health and Capacity for Work Expert Physicians' Commission (VDEAVK).

What is covered?

Guaranteed minimum income benefit

The Guaranteed minimum income benefit *(Pabalsts garantētā minimālā ienākuma līmeņa nodrošināšanai)* is calculated as the difference between the amount set by the Cabinet of Ministers (LVL 35 (€ 50) = GMI level) and the person's or the household's income.

The Guaranteed minimum income benefit is granted for a period of 3 to 6 months and is renewable.

There is a separate local municipality benefit for housing. The amount of this benefit varies from one municipality to another depending on the available resources. If the person is granted the status of a needy person and she/he has expressed a wish to be a tenant of a social flat (housing), the person can rent a flat as social housing with reduced rent and utility payments.

State social security benefit

The monthly amount of the State social security benefit is fixed. The amount is currently LVL 45 (€ 64) per month, except in the case of an invalidity recognised since childhood. In this event, the amount of allowance is set at LVL 75 (€ 107) per month.

Allowance for the compensation of transportation expenses for disabled persons with restricted mobility (mobility support)

This allowance is paid every half-year, dated from the day on which it was awarded. Payment of the allowance ends at the end of the defined period of invalidity. The mobility allowance is a fixed amount. The amount is set at LVL 56 (€ 80) per half-year.

How are minimum resources benefits accessed?

Guaranteed minimum income benefit

The municipal social office *(pašvaldības sociālais dienests)* assesses whether a person or a family is in need. To allow the municipal social office to assess a person's or household's income and material resources, the claimant must submit a declaration of subsistence means and - if the necessary information is not available in the data register of the local government and the State - income statements.

The decision of the municipal social office may be challenged in the local government council. A family (person) may launch an appeal against the decision taken by the local government council before the court in accordance with the procedures specified in the Administrative Procedure Law.

State social security benefit

In order to receive State social security benefit, the applicant must submit an application to any office of the State Social Insurance Agency *(VSAA)* (personally, by post or electronically).

Allowance for the compensation of transportation expenses for disabled persons with restricted mobility (mobility support)

In order to receive allowance for the compensation of transportation expenses, the applicant must submit an application to any office of the State Social Insurance Agency *(VSAA)* (personally, by post or electronically).

Chapter XII: Long-term care

When are you entitled to long-term care?

The following are eligible for support:

- Latvian citizens;
- non-citizens and foreigners who have received their personal identity number (except persons who have received temporary residence permits).

Support may be provided if a person is unable to take care of herself/himself and perform everyday activities due to their age, and health problems as well as orphans and children deprived of parental care. Elderly persons and disabled children or adults with mental or physical disorders (if their family members are unable to provide the necessary care) due to age or health problems are also eligible. The same applies to children deprived of parental care, if they cannot stay in their own family and it is not possible to find a foster family. Patients with one of a number of prescribed diagnoses are entitled to health care at home.

What is covered?

Long-term care is provided according to a person's individual needs and resources (the assessment is carried out by a social worker). Services to persons in need of long-term care are provided in their place of residence or as close as possible to their place of residence (home care, semi-residential care).

If a person needs special services, social care is provided by long-term social care institutions.

Three levels of care are available:

- home care: care by a trained or other person to perform housework and deliver free meals. If home care is provided by family members, the local authority supports them by training, consulting and if necessary also by providing benefits in cash.
- semi-residential care: is provided for various groups including the elderly, disabled with physical disorders, people with mental disorders, people recovering from serious and long-term diseases. The number of hours that the recipient may attend the institution and any specialised services are set by the municipalities according to agreements with care institutions.
- residential care: full-time care is provided by long-term social care institutions for: orphans and children deprived of parental care; people of retirement age and the disabled with physical disorders or blind people; children with serious mental disorders, and adults with serious mental disorders.

The municipality can grant additional benefits, including cash benefits. The amount and conditions for provision of cash benefits depends on the municipality and the internal regulations they approve.

How is long-term care accessed?

An application should be made to the Social Services Department of the local authority.

Annex: Useful addresses and websites

More detailed information on qualifying conditions and individual social security benefits in Latvia can be obtained from the public institutes managing social protection system.

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 Welfare:
Labklājības Ministrija
28 Skolas Str.
Riga, LV-1331
http://www.lm.gov.lv
Tel.: + 371 6702 16 00
Fax: +371 6727 64 45
e-mail: lm@lm.gov.lv

State Social Insurance Agency:
Valsts Sociālās Apdrošināšanas Aģentūra
70a Lacplesa Str.
Riga, LV-1011
http://www.vsaa.lv
Tel.: +371 6701 18 38
Fax: +371 6701 18 13
e-mail: vsaa@vsaa.lv

Social Integration State Agency
Sociālās Integrācijas Valsts Aģentūra
71 Dubultu avenue
JURMALA, LV-2015
http://www.siva.gov.lv

State Revenue Service:
Valsts Ieņēmumu Dienests
1 Smilsu Str.
Riga, LV-1978
http://www.vid.gov.lv
Tel.: +371 6702 87 03
Fax: +371 6702 87 04
e-mail: vid@vid.gov.lv

State Employment Agency:
Nodarbinātības Valsts Aģentūra
38 Kr.Valdemara Str.
Riga, LV-1010
http://www.nva.lv
Tel.: +371 6702 17 06

Freephone tel.: 8007700
Fax: +371 6702 18 06
e-mail: nva@nva.gov.lv

Ministry of Health:
Veselības Ministrija
72 Brīvības Str.
Riga, LV-1011
http://www.vm.gov.lv
Tel.: +371 787 60 00
Fax: +371 787 60 02

National Health Service:
Nacionālais veselības dienests
31 Cēsu Str.
Riga, LV-1012
http://www.vmnvd.gov.lv

Health and Capacity for Work Expert Physicians' Commission *(VDEAVK):*
is responsible for providing reports on cases of invalidity.

53 Ventspils Str.
RIGA, LV-1002
Tel.: +371 6761 48 85
Fax: +371 6760 29 82
e-mail: vdeavk@vdeavk.gov.lv
http://www.vdeavk.gov.lv