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Your social security rights

in Lithuania

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

Lithuanian social security benefits cover the following risks:

- healthcare, sickness, maternity (paternity);
- accidents at work and occupational diseases;
- death grants;
- disability pension;
- old-age, early retirement, survivor's pension;
- unemployment;
- family benefits

The main condition for entitlement to benefits under the social security scheme is to be an employee or a self-employed person and to pay contributions. The State Social Insurance Fund Board under the Ministry of Social Security and Labour and its local offices will include these persons on the social insurance registry. All branches of the Lithuanian social security system are compulsory for employees, but some of them (pension, healthcare, maternity, maternity (paternity) and paternity) are for self-employed persons. Self-employed persons may join other branches voluntarily.

Self-employed persons are not automatically covered by sickness insurance (however, they can take out voluntary sickness social insurance). They are not automatically covered by accident at work, occupational disease or unemployment insurance, but they are automatically insured for the basic and the supplementary pension, except for the self-employed owners of individual business licenses who are insured for the basic pension only. Sickness insurance (that means mainly benefits in kind, not cash sickness benefits) is compulsory for all residents. Pension insurance and sickness insurance schemes differ for employed and self-employed persons (the benefits scheme is common for all, but the contributions are different).

Organisation of social protection

Social security in Lithuania is administered by the following main institutions:

- The Ministry of Social Security and Labour (*Socialinės apsaugos ir darbo ministerija*), whose mission is to develop and implement an effective system of social assistance, social insurance and labour, harmonised with the EU standards, in order to enhance social security of Lithuanian residents. The Ministry develops policy and drafts legislation for the whole sphere of social security (except healthcare);
- The State Social Insurance Fund Board under the Ministry of Social Security and Labour (*Valstybinio socialinio draudimo fondo valdyba prie Socialinės apsaugos ir darbo ministerijos, SoDra*) and its local offices are responsible for the insurance schemes, i.e. for pensions, sickness and maternity (cash benefits), employment injuries and professional diseases. The State Social Insurance Fund Board under the Ministry of Social Security and Labour is also responsible for collecting the contributions for all schemes and for transferring them to the National Health Insurance Fund (*Valstybinė ligonių kasa*), the Lithuanian Labour Exchange (*Lietuvos darbo birža*) and to private pension funds;

- The Lithuanian Labour Exchange under the Ministry of Social Security and Labour (*Lietuvos darbo birža prie Socialinės apsaugos ir darbo ministerijos*) and its local offices are responsible for active and passive measures against unemployment;
- Municipal social assistance units are responsible for most of the non-insurance benefits (family benefits) and social services;
- The health system is administered by the Ministry of Health (*Sveikatos apsaugos ministerija*) and, under it, the National Health Insurance Fund under the Ministry of Health (*Valstybinė ligonių kasa prie Sveikatos apsaugos ministerijos*). The Ministry of Health carries out the functions of State administration in the field of healthcare and also implements the State policy in that field. The National Health Insurance Fund under the Ministry of Health implements the compulsory health insurance fund budget, pays the contracted health insurance institutions through Territorial Health Insurance Funds (*teritorinės ligonių kasos*) for the services provided to the insured persons (sickness and maternity benefits in kind), and exercises control over the quality of healthcare services.

Financing

Lithuanian social security schemes are basically financed by contributions (from insured persons and employers) and taxation. The basic contribution rate paid by the employer is 30.8% of the total gross earnings for all risks (except for accidents at work and occupational diseases) and the basic contribution rate paid by the employee is 9.0%. Therefore, the total contribution rate for all risks (except for accidents at work and occupational diseases) is 39.8%. The State makes contributions on behalf of specific groups of persons (partial participation in financing), for example children.

Under Lithuanian legislation social security contributions for accidents at work and occupational diseases differ according to the degree of risk in the various enterprises, and are paid exclusively by the employer. The rate, varying between 0.18% and 1.8%, is calculated on the basis of gross earnings.

Death grants and family benefits are not based on contributions. They belong to the general system applied to all persons who are resident in Lithuania.

Chapter II: Healthcare

When are you entitled to healthcare?

Urgent healthcare is guaranteed for all residents. Insured persons have access to other healthcare services, with the main costs of treatment covered by the insurance. People who do not pay compulsory contributions and are not insured by the State must cover the cost of treatment themselves. It is possible to take out voluntary sickness insurance to supplement the compulsory insurance.

What is covered?

The costs of the following benefits are covered by the compulsory sickness insurance budget:

- curative medical assistance;
- medical rehabilitation;
- nursing care;
- social services linked to healthcare for individuals;
- health examinations for individuals.

Medical care is generally free of charge. There is a price list for healthcare services which must be financed entirely from insured persons' own resources. These include abortion (unless performed on medical recommendation), manual therapy and cosmetic surgery.

Dental care is partly covered for adults (who bear a share of the costs) and is free for children under 18 years of age. Dental prosthesis expenses are covered for disabled and retired persons.

There is full cover in outpatient cases for pharmaceutical products contained in an official list for:

- children under 18 years of age;
- persons recognised as incapable of work or persons who reached the pensionable age, for whom a level of major special needs is established.

The reimbursement is at 100, 90, 80 or 50% for those suffering from specific illnesses (special list). Old-age pensioners, persons with group 2 disability or persons with a loss of capacity for work of 60%-70% and persons receiving social assistance pensions (*Šalpos pensija*) benefit from a reimbursement rate of 50%. The price of pharmaceuticals for hospitalised insured persons is calculated into the reference price of hospital treatment.

Prostheses, intraocular lenses and hearing aids which are purchased by the National Health Insurance Fund (*Valstybinė ligonių kasa*) are free for insured persons. However, if a person wishes to have a different model to that offered, they must pay the full price. The National Health Insurance Fund partly reimburses an individual's expenses for cochlear implants, hearing aids and endoprotheses (they must to pay the difference between the price paid by National Health Insurance Fund for the equivalent device and its commercial price).

Patients pay for treatment in sanatoria in accordance with basic official prices. Treatment in sanatoria is reimbursed at 90% for children under 7 years of age or disabled children under 18 years of age.

Rehabilitation costs are reimbursed in full for children under 18 years of age, disabled persons with a reduction in capacity for work of 60 – 100% and people recovering from a serious illness (which is included on the official list) who have a referral from a doctor.

How is healthcare accessed?

Each insured person is free to choose a doctor and a healthcare institution at all care levels. They must choose a general practitioner who is included in the directory of general practitioners. These are the figures with the authority to refer the insured person to a specialist. Access to specialists is free of charge when the patient is referred by a general practitioner; only dermato-venereologist's consultation can be provided without such referral.

They also have the authority, together with the specialists, to recommend a hospital treatment. This referral system does not apply to emergency cases.

Chapter III: Sickness cash benefits

When are you entitled to sickness cash benefits?

Insurance for cash sickness benefit is compulsory for all employees and equivalent persons.

The minimum period of insurance is 3 months during the last 12 months or at least 6 months during the last 24 months. Sickness benefit is paid to insured persons who:

- fall ill;
- remain at home in order to care for a sick family member;
- need treatment in a prosthetic-orthopaedic hospital;
- are not allowed to work for quarantine reasons or stay at home to take care of children who are not allowed to attend a child care institution for the same reasons.
- is a parent who takes care of a child when the other parent is on maternity/paternity leave but cannot take care of them due to his/her illness.

Benefit is not payable to persons:

- who injure themselves whilst committing an offence;
- who damaged their health themselves;
- or whose sickness is the result of alcoholism or drug addiction (unless they are voluntarily receiving in-patient treatment for their addiction).

What is covered?

Amount of benefit

Insured persons are eligible for sickness benefit from the first day. For the first two days the employer pays at least 80% (and no more than 100%) of the employee's compensatory wage (*Kompensuojamasis uždarbis*). After the first two days 40% and after the seventh day 80% of the average monthly compensatory wage is paid by the regional office of the State Social Insurance Fund Board under the Ministry of Social Security and Labour. The monthly compensatory wage comprises the average wage based on the insured person's income earned in the three consecutive months before the last month preceding the one in which the temporary incapacity occurred. It cannot exceed 3.2 times the State insured income for the current year (although contributions are paid on the full wage). The benefit must not be lower than 25% of the State insured income for the current year (*einamųjų metų draudžiamosios pajamos*).

Duration of benefit

The sickness certificate may be extended for a set period of time (at least 4 months or 122 calendar days in case of continuous incapacity to work. In some cases this period may be extended to 244 calendar days if the inability to work was periodical, as when persons are suffering from tuberculosis during the last 12 months. If the person has not recovered at the end of that period, it is compulsory for them to apply to the

Disability and Employment Capacity Assessment Office (*Neįgalumo ir darbingumo nustatymo tarnyba*) which is responsible for determining their degree of invalidity.

For employees who are registered as disabled and receive State social insurance Lost Working Capacity Pension (*Neteko darbingumo pensija*), sickness benefits are paid for no more than 90 days per year. This restriction is not applied to accidents at work or occupational diseases.

In cases where a person voluntarily undergoes in-patient treatment for alcoholism or drug addiction they are entitled to receive sickness allowance for a maximum of 14 days.

The maximum duration of benefits for those nursing a family member:

- adults: 7 days per time for one illness;
- children under 14 years of age: 14 days per time for one illness;
- children under 7 years of age who are in-patients: for the course of the treatment but no longer than 120 days per year;
- children under 18 years of age who are ill with an onco-haematological disease, have undergone a complicated operation or have experienced trauma or burns: for the full course of treatment but no longer than 120 days per year;
- parent who takes care of a child when the other parent is on maternity/paternity leave but cannot take care of them due to his/her illness: 14 days.

How are sickness cash benefits accessed?

The contributors (employers, State and municipal enterprises, institutions, organisations) or regional units of the State Social Insurance Fund Board under the Ministry of Social Security and Labour pay sickness benefit. It is paid when the person presents a sickness certificate and other relevant documents.

Chapter IV: Maternity and paternity benefits

When are you entitled to maternity or paternity benefits?

Maternity, paternity and maternity/paternity cash benefits are available to all insured persons who have completed at least 12 months of insurance during the previous 24 months. A minimum period of insurance is not required for persons who are up to 26 years of age and when the period between their graduation and their becoming insured is less than three months.

An initial period of benefit payment is made to both the mother (maternity benefit, *Motinystės pašalpa*) and to the father (paternity benefit, *Tėvystės pašalpa*). After that, an extended benefit is payable to the mother or the father, whoever remains off work to take care of the child (maternity/paternity benefit, *Motinystės/tėvystės pašalpa*).

Maternity benefits in kind are covered under the compulsory maternity insurance scheme.

What is covered?

Cash benefits

Maternity benefit is paid during maternity leave, which covers 70 calendar days preceding delivery and 56 days after. In cases of complicated deliveries or multiple birth, benefits are payable for 70 days after delivery. The benefit corresponds to the full compensatory wage (*Kompensuojamasis uždarbis*) (100%) and should not be lower than one-third of the State insured income for the current year.

Paternity benefit is paid to the father until the end of the first month after childbirth at 100% of the father's compensatory wage.

Maternity/paternity benefit is paid to the parent who remains off work to take care of the child. The amount depends on the payment duration chosen by the parent: if the insured person chooses to receive the benefit until the child becomes 1 year old, the amount of the benefit is 100% of the beneficiary's compensatory wage. If the person chooses to receive the benefit until the child turns 2 years old, the benefit is paid at 70% and 40% of the beneficiary's compensatory wage, until the child's 1st and 2nd birthday, respectively. In case of multiple births, the benefits are paid at 100% of the compensatory wage. The benefit must not be lower than one-third of the State insured income for the current year. The compensatory wage cannot exceed 3.2 times the State insured income for the current year (although contributions are paid on the full gross wage).

A pregnancy grant (*Vienkartinė išmoka nėščiai moteriai*) of two times the BSB (basic social benefit (*Bazinė socialinė išmoka*)) amount, i.e. LTL 260 (€ 75), is paid to a pregnant woman who is not eligible for a maternity benefit for 70 days preceding delivery.

Benefits in kind

Maternity benefits in kind consist of medical care, hospital or maternity clinic care, care provided by paediatricians or family doctors, drugs and appliances, etc.

How are maternity and paternity benefits accessed?

Regional units of the State Social Insurance Fund Board under the Ministry of Social Security and Labour pay maternity, paternity and maternity/paternity benefit, subject to the presentation of the necessary documents by the person concerned. There is also the possibility to submit those [documents](#) via [Internet](#).

Chapter V: Invalidation benefits

When are you entitled to invalidity benefits?

The invalidity social insurance scheme is compulsory for employees and for self-employed persons, if they declare their incomes as working income. It is financed by contributions, covers the active population (employees and self-employed persons) and provides pensions consisting of a basic (flat-rate) part and a supplementary (earnings-related) part.

Who is entitled?

Any person with a disability or a working capacity level of less than 55% receives a lost working capacity pension (*Neteko darbingumo pensija*) or a social assistance pension (*Salpos pensija*).

There are three levels of disability for children under 18 years of age (except those who are or were insured under national social insurance): severe, moderate and slight disability.

For adults and for those under 18 years of age who are (or were) insured under State social insurance, the level of working capacity is defined on the basis of medical, functional, professional and other criteria in order to evaluate the person's capacity for work and their employment possibilities. The loss of capacity for work is assessed by taking the percentage of the level of capacity for work from 100%:

- the loss of capacity for work is deemed to be total if it is between 75 and 100%;
- it is deemed to be partial if it is between 60 and 70%;
- it is deemed to be partial if it is between 45 and 55%.

There is a scale for calculating the specific needs of persons who have reached retirement age.

Cover is provided from the day of application until retirement age.

Qualifying conditions

For the partial pension (*Dalinė pensija*), the minimum period of insurance depends on the person's age when disability occurs:

- under 22 years of age: 2 months;
- under 23 years of age: 4 months,
- under 24 years of age: 6 months.

The required minimum period of insurance increases by 2 months per additional year of age until the person reaches the age of 38 (required minimum insurance period of three years) and 6 months per additional year of age until the person reaches the age of 62 (required minimum insurance period of 15 years).

For the full pension (*Visa pensija*), the required compulsory insurance period for a full pension also depends on the age of the beneficiary:

- under 24 years of age: 1 year;
- between 24 and 38 years of age: the required period increases by 4 months per additional year of age;
- above 38 years of age: the required period increases by 1 year per additional year of age, but may not exceed the compulsory insurance period set for the old-age pension (*Senatvės pensija*).

The following non-contributory periods are taken into consideration: periods during which benefits for sickness, maternity, professional rehabilitation, lost working capacity and unemployment benefit are received. Additionally, some categories of persons are insured by the State. These periods are taken into account when calculating entitlement to a pension:

- persons who care for a child under 3 years of age;
- persons who care for a totally disabled person;
- persons carrying out their military service;
- spouses of diplomats who are abroad;
- clergymen and heads of all traditional and other religious communities recognised by the State, during their service period;
- nuns/monks during the period in which they work in convents/monasteries.

What is covered?

Amount of invalidity benefit

Factors determining the amount of benefits:

- the length of the social insurance period acquired while working under an employment contract;
- the period of time between the occurrence of the disability and retirement age,
- earnings upon which pension insurance contributions were based.

Lost working capacity pension (*Netekto darbingumo pensija*) consists of two components: the basic and supplementary pensions.

Basic Pension

Its amount depends on the basic social insurance pension. The following rates are applied for disabled persons who have completed the required compulsory insurance period:

- 75 to 100% loss of capacity for work: 150% of the basic social insurance pension;
- 60 to 70% loss of capacity for work: 110% of the basic pension;
- 45 to 55% loss of capacity for work: 55% of the basic pension.

Supplementary pension

This is only paid to those who provide proof of having fulfilled the national social insurance period requirement whilst working under an employment contract. This period is calculated up until the date that disability occurs and is added to the number of years remaining before the insured person reaches retirement age. If the person does not have proof of having fulfilled the required compulsory national social pension insurance period for the lost working capacity pension, the number of years remaining is reduced proportionately. Once this insurance period has been calculated, the formula for calculating the old-age pension (*Senatvės pensija*) is used.

In view of their special needs, disabled persons may be provided with additional compensation for [nursing expenses](#) and [care \(assistance\) expenses](#).

Return to active life

There are medical, occupational and social rehabilitation methods for disabled persons: occupational rehabilitation such as the increase of the person's capacity for work, their occupational competence and their ability to participate in the labour market through educational, social, psychological, rehabilitation and other means.

How are invalidity benefits accessed?

The disability level or the level of working capacity is determined by the Disability and Working Capacity Assessment Office of the Ministry of Social security and Labour (*Neįgalumo ir darbingumo nustatymo tarnyba prie Socialinės apsaugos ir darbo ministerijos*). The pension is paid by the local office of the State Social Insurance Fund Board under the Ministry of Social Security and Labour (*Valstybinio socialinio draudimo fondo valdyba prie Socialinės apsaugos ir darbo ministerijos, SoDra*).

Chapter VI: Old-age pensions and benefits

When are you entitled to old-age benefits?

The old-age pension insurance scheme is compulsory for employees and for self-employed persons, if they declare their incomes as working income. It is financed by contributions, covers the active population (employees and self-employed persons) and provides pensions consisting of a basic (flat-rate) part and a supplementary (earnings-related) part.

Qualifying conditions

The minimum qualifying period for the insurance is 15 years. It is 30 years for entitlement to a full pension. Periods during which the beneficiary receives sickness, maternity, occupational rehabilitation, and unemployment benefits are taken into consideration. Additionally, some categories of people are insured by the State.

In 2013 the retirement age for the normal pension is 62 years and 10 months of age for men and 60 years and 8 months of age for women. The retirement age is annually increased by 4 months for women and by 2 months for men until it reaches the age of 65 for both genders in 2026.

It is possible to defer the pension application for up to 5 years. The pension will be increased by 8% of the amount calculated at the time of the application for each full year of work completed after the legal retirement age. This percentage may be modified by a decision of the State Social Insurance Fund Board under the Ministry of Social Security and Labour (*Valstybinio socialinio draudimo fondo valdyba prie Socialinės apsaugos ir darbo ministerijos, SoDra*).

What is covered?

The old-age pension consists of two components: the basic and supplementary pensions. The basic old-age pension is equal to 110% of the basic pension and is the same for all insured persons who can provide proof of having completed the compulsory national social insurance contribution period for the old-age pension (for those who cannot provide proof of having completed it, the basic pension is reduced proportionately). The supplementary old-age pension is calculated for employees and those self-employed persons who were insured for it. The amount of the full old-age pension is calculated using a special formula taking account of the applicant's contribution history and past income. For a person in the pension accumulation system (2nd pillar), the supplementary part of the social insurance old-age pension is reduced according to the rate of accumulation and the supplementary pension rates of the social insurance old-age pension contributions.

The basic pension may be increased by means of a Government decision. The supplementary pension is adjusted according to the State insured income for the current year.

How are old-age benefits accessed?

Applications should be sent to the local office of the State Social Insurance Fund Board under the Ministry of Social Security and Labour (*Valstybinio socialinio draudimo fondo valdyba prie Socialinės apsaugos ir darbo ministerijos, SoDra*).

Chapter VII: Survivors' benefits

When are you entitled to survivors' benefits?

The survivor's pension insurance scheme (*Našlių pensija*) provides benefits linked to the deceased's pension rights to survivors of employees and self-employed persons.

Different rules apply to pensions payable prior to and after 1 January 2007. In this description, it is mainly the rules for pensions payable after 1 January 2007 which are discussed. For details regarding older pensions, please contact the State Social Insurance Fund Board under the Ministry of Social Security and Labour.

Recipients of survivor's pensions include:

- widows and widowers;
- children, including foster children and stepchildren if they do not already receive a survivor's pension in respect of a biological parent.

Conditions

At the time of their death, insured persons must be entitled to a lost working capacity pension or an old-age pension under the State social insurance and should have a minimum State pension insurance record or an equivalent record required to receive an appropriate type of pension which has been obtained through working in companies, bodies or organisations in Lithuania, Member States of the European Union or the European Economic Area (except for political prisoners and rehabilitated deported persons whose years spent in unlawful imprisonment or deportation have been added to their social security file).

The surviving spouse must meet the following conditions:

- the widow or widower has reached retirement age, irrespective of their age upon the death of their spouse;
- the widow or widower is recognised as being partially or fully disabled, and meets one of the following conditions:
 - has had their disability recognised before the death of their spouse or during the 5 years thereafter;
 - has had their disability recognised when they looked after the deceased's children;
- widows or widowers who have not had any children with the deceased spouse are only entitled to a pension if at least 1 year has passed since the date of registration of the marriage in accordance with the procedure drawn up on the date of the spouse's death.

In the event of remarriage, the widow or widower loses their entitlement to a survivor's pension.

Age limits apply for children:

- up to 18 years of age;
- or for full-time students in certain educational establishments, until a diploma is obtained or up to 24 years of age;
- for persons recognised as disabled under the age of 18 there is no limit.

Death grant

The death grant (*Laidojimo pašalpa*) is a universal (non-contributory) grant paid in the event of death of permanent residents, of third-country nationals with permission to reside in Lithuania for the purposes of highly qualified employment and of persons who have a refugee status in Lithuania, or in the event of of a stillborn child (after at least 22 weeks of pregnancy).

In reference to this grant, see also part on [benefits in respect of accidents at work and occupational diseases](#).

What is covered?

The survivor's pension (*Našlių pensija*) is a flat-rate benefit equal to the basic amount of the survivor's pension approved by the Government of the Republic of Lithuania [currently LTL 70 (€ 20)].

The orphan's pension (*Našlaičio pensija*) is calculated on the basis of the lost working capacity pension (*Netekto darbingumo pensija*) or the old-age pension (*Senatvės pensija*). It is equal to 50% of the lost working capacity pension under the State social insurance that the deceased would have received if their capacity for work was reduced by 60 to 70%, if the deceased had not reached retirement age, or the amount of the old-age pension under the State social insurance to which the deceased would have been entitled if they had reached retirement age.

If two children or more (adopted or otherwise) are entitled to the pension, this is shared between them equally and must not exceed 100% of the amount of the deceased's pension. If both parents are lost, the orphan's pension is granted in respect of each deceased parent.

Orphan's social assistance pensions are paid to those children who are not entitled to larger or equally-sized social insurance (or other) pensions, in the amount equal to 0.5 basic pension each. When four or more children (including adopted children) of a deceased person have the right to receive such pension, the orphan's social assistance pension in the amount equal to 1.5 basic pensions is paid to all children (including adopted children) of the deceased person in equal shares.

Death grant

The death grant (*Laidojimo pašalpa*) is equal to eight times the basic social benefit (*Bazinė socialinė išmoka*) set by the Government. The basic social benefit is LTL 130 (€ 38); the death grant is equal to LTL 1,040 (€ 301).

How are survivors' benefits accessed?

Applications should be sent to the local office of the State Social Insurance Fund Board under the Ministry of Social Security and Labour (*Valstybinio socialinio draudimo fondo valdyba prie Socialinės apsaugos ir darbo ministerijos, SoDra*).

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?

This social security scheme is basically financed by employers' contributions. It provides earnings-related benefits to all employees. The beneficiaries are employees and equivalent persons. No voluntary insurance is possible for the basic scheme. Self-employed persons may insure themselves against accidents at work on a voluntary basis with private insurance companies.

The risks covered are:

- accidents at work: an accident in the working environment which causes an employee partial or total loss of functional capacity or death. No qualifying period is required;
- accidents occurring during the journey between the place of work and home;
- occupational diseases. The list of occupational diseases is determined by the Government Decree of 30 November 1994. No qualifying period is required.

Benefits under the scheme include:

- benefits (in kind and in cash) in the event of temporary incapacity;
- benefits in the event of permanent incapacity;
- benefits in the event of death.

Who is entitled to benefits in the event of death?

Widows and widowers are entitled to an insurance benefit if they were dependent on the deceased at the time of the death and:

- they do not work and take care of the children (including adopted children), grandchildren, brothers or sisters of the deceased under 8 years of age;
- they have reached retirement age; or
- they are disabled (entitlement only continues as long as the disability persists).

Each beneficiary receives a benefit equal to the periodical compensation for loss of capacity which the deceased would have received, divided by the number of beneficiaries plus one. Therefore if four persons are entitled, they each receive one fifth of the deceased's incapacity for work pension. This amount is paid in addition to the other benefits.

Orphans of the deceased are entitled to benefit if they were dependent upon the deceased at the time of death and fall below the following age limits:

- 18 years of age or
- 24 years of age, if they are full-time students.

Orphans are entitled to compensation in respect of one parent only and they have the right to choose which one.

Disabled people only have a right to the pension for the duration of their disability.

Dependent parents and other relatives are entitled to compensation if they were dependent upon the deceased at the time of death (notably parents, adoptive parents, brothers and sisters) and if:

- they do not work and take care of the children (including adopted children), grandchildren, brothers or sisters of the deceased under 8 years of age;
- they have reached retirement age; or
- they are disabled (entitlement only continues for the duration of their disability).

What is covered?

Benefits in the event of temporary incapacity

Benefits in kind

These consist of:

- free choice of doctor or hospital;
- full reimbursement of costs by the competent institution.

The duration of benefits in kind is unlimited.

Cash benefit

There is no waiting period for cash benefit in the event of temporary incapacity. The benefit is paid until recovery or until incapacity is established. The amount of the benefit is 100% of the average monthly compensatory wage, i.e. the average wage based on the insured person's income earned in the three consecutive months before the last month preceding the one in which the temporary incapacity occurred.

A flat-rate compensation for loss of capacity for work is paid as follows:

- 10% of the monthly compensatory wage during the last 24 months if the reduction in capacity is less than 20%. The amount is 3 times higher in the event of permanent incapacity;
- 20% of the monthly compensatory wage during the last 24 months in the case of 20% to 30% loss of capacity. This amount is three times higher in the event of permanent incapacity.

Benefits in the event of permanent incapacity

The minimum level of incapacity giving entitlement to compensation is 30%. The Disability and Employment Capacity Assessment Office (*Neigalumo ir darbingumo nustatymo tarnyba*) determines the level of incapacity. This may be revised at any time but the law does not provide for any periodical review. Periodical compensation of loss of capacity for work is paid monthly. It is calculated according to a special formula.

Benefits in the event of death

The maximum amount for all beneficiaries varies according to their number. All beneficiaries receive the same amount. Each individual's benefit is equal to the periodical compensation for the loss of capacity that the deceased person received, or would have received, divided by the number of beneficiaries plus one (e.g. if there are four beneficiaries each receives one fifth of the pension).

The flat-rate sum equals 100 times the State insured income for the current year as applicable in the month in which this benefit is paid.

It is divided equally between the following family members of the deceased:

- the spouse;
- children under 18 years of age (24 years of age if they are full-time students);
- children of the deceased born after their death;
- parents if they do not work and were dependent on the deceased at the time of their death.

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

The State Social Insurance Fund Board under the Ministry of Social Security and Labour (*Valstybinio socialinio draudimo fondo valdyba prie Socialinės apsaugos ir darbo ministerijos, SoDra*) and its local offices are responsible for the insurance schemes which include those covering accidents at work and occupational diseases. Applications should be directed to them.

Chapter IX: Family benefits

When are you entitled to family benefits?

There is a universal system financed by taxes which provides a flat-rate benefit to all permanent residents, to foreign nationals residing in Lithuania who are appointed as guardians of a child having Lithuanian citizenship and to third-country nationals with permission to reside in Lithuania for the purposes of highly qualified employment.

At least one of the parents of the child should belong to the abovementioned categories.

The child should live with the parent on a permanent basis, or have a temporary residence permit in Lithuania. It should live in one of the countries of the European Union or in Iceland, Liechtenstein, Norway, or in Switzerland.

Children with foreign nationality should reside in Lithuania and either be placed under guardianship (or foster care) in Lithuania or for whom guardianship (or foster care) is ensured by a competent institution of Lithuania.

What is covered?

Benefit amounts are linked to the basic social benefit (*bazinė socialinė išmoka*) (BSB), formerly known as Minimum Standard of Living. The BSB is fixed by the Government and currently amounts to LTL 130 (€ 38) per month.

Child benefit

Child benefit amounts to:

- 0.75 BSB for each child raised in a family or placed under guardianship in a family and who is up to two years old, if the monthly income per family member is less than 1.5 times the amount of the State supported income (SSI) [LTL 525 (€ 152)];
- 0.40 BSB for each child raised in a family or placed under guardianship in a foster family and who is between two and seven years old (or between two and 18 years old in families raising and/or fostering three or more children), if the monthly income per family member is less than 1.5 times the amount of the SSI [LTL 525 (€ 152)].

Child grant

The child grant (*Vienkartinė išmoka vaikui*) is paid to one of the parents (or guardian) or to the only parent (or guardian) for any born or adopted child. The grant for each child equals 11 BSB (*Bazinė socialinė išmoka*).

Grant for single parents

Payments for child maintenance in a pre-school institution may be reduced by 50%.

Benefit to a conscript's child

The benefit to a conscript's child (*Išmoka privalomosios tarnybos kario vaikui*) is paid during the compulsory period of military service for each child of a soldier. The amount corresponds to 1.5 BSB.

Guardianship (curatorship) benefit

The guardianship (curatorship) benefit [*Globos (rūpybos) išmoka*] is paid to a child's guardian (person, family, social family, non-governmental, State or municipal child care institution) who has been awarded custody of the child in legal proceedings.

For children placed under guardianship in a family, social family or child care institution, the monthly guardianship (curatorship) benefit equals 4 times the BSB for each orphan or fostered child until his or her 18th birthday.

For each child placed under guardianship in a social family, a monthly objective addition of guardianship (curatorship) benefit [*Globos (rūpybos) išmokos tikslinis priedas*] shall be paid, corresponding to 4 times the BSB, for ensuring social family activities.

If the child is entitled to an orphan's pension and/or maintenance, the amount of the benefit is equal to the difference between 4 times the BSB and these allowances. If upon expiry of the child's guardianship (curatorship), the person continues his/her studies according to defined programmes or is an orphan, the benefit continues to be paid for the duration of the studies but no longer than until s/he reaches the age of 24. This benefit shall not be paid to persons who enrolled in a school of the same group of schools more than twice.

Settlement grant (*Vienkartinė išmoka įsikurti*)

Persons placed under guardianship (curatorship), upon its expiry, shall be given a settlement grant equal to 75 BSB.

For pregnancy grant, maternity benefit, paternity benefit and maternity/paternity benefit, see part on [maternity and paternity benefits](#).

How are family benefits accessed?

Municipal social assistance departments are responsible for most family benefits and applications should be made directly to them.

Chapter X: Unemployment

When are you entitled to unemployment benefits?

Unemployment insurance (*Nedarbo draudimo išmoka*) is a compulsory social insurance scheme for employees. Its benefits are earnings-related.

The following persons are eligible:

- all employed persons, including those serving in elected posts, civil servants, State politicians, employees of the military, officers of the State Investigation Service or State Security Department;
- employees of the military if they have completed mandatory initial military service or alternative national defense service, or were dismissed from these services after serving for at least half of the required period;
- unemployed people who have taken parental leave to look after children aged 1-3 years old.

Qualifying conditions

For unemployment insurance benefit, the entitlement conditions are as follows:

- to be unemployed;
- to be of working age;
- not to attend daily classes in educational establishments;
- to provide proof of a minimum period of insurance;
- to be registered at the Labour Exchange;
- to be actively seeking work and ready to accept jobs suggested and to participate in active labour market policy measures;
- not to be receiving sickness or/and maternity (paternity) benefits or social insurance pension benefits.

The minimum period of insurance is 18 months during the 3 years preceding the registration at the Labour Exchange. There are exceptions for certain groups of unemployed people who contributed but have not acquired the necessary social insurance record (they were dismissed by their employer through no fault of their own, etc). There are also exceptions for unemployed persons who did not contribute.

The waiting period is 7 calendar days or the period of time in which the former employee has been paid a dismissal payment. If unemployment is caused by the fault of the employee, the waiting period is 3 months.

Unemployment insurance benefit is not paid if the person:

- has refused a suggested job which was appropriate to their professional competences, state of health and if the place of work was at a reasonable distance from their home;
- has refused, without a valid reason, to participate in active labour market policy measures included in their individual action plan;
- did not visit the Labour Exchange within the time specified to apply for a suggested job or to participate in active labour market policies, without a valid reason;

- has refused to undergo health tests to determine their ability to work.

No sanctions are taken if the unemployed person can provide valid reasons defined by law (e.g. natural disaster, an accident, death of a parent, child or spouse, etc.).

What is covered?

The unemployment insurance benefit comprises a fixed component and a variable component. The fixed component equals the State supported income (*Valstybės remiamos pajamos*) of LTL 350 (€ 101). In contrast, the variable component is linked to the former insured income of the unemployed person. The maximum amount of the unemployment insurance benefit cannot exceed LTL 650 (€ 188) (until 31 December 2013).

The full amount of the benefit is paid during the first 3 months of unemployment. For the remaining months until the end of the payment period for the benefit, its variable component is reduced by 50%.

The unemployment insurance benefit may be claimed in addition to the training grant received by the unemployed person while they are participating in training.

It may be no lower than the State supported income but also cannot exceed 70% of the insured income for the current year (*einamųjų metų draudžiamosios pajamos*) as set by the Government.

The duration of payment of the unemployment insurance benefit (*Nedarbo draudimo išmoka*) depends on the length of the service record:

- less than 25 years of work: 6 months;
- 25 to 30 years of work: 7 months;
- 30 to 35 years of work: 8 months;
- 35 years and over of work: 9 months.

The payment of unemployment insurance benefit is terminated if its beneficiary finds paid work or becomes self-employed.

Benefits for older unemployed persons and early retirement

The duration of payment of the unemployment insurance benefit is extended by 2 months for persons who are within 5 years of retirement age.

Unemployed persons who have been insured for 30 years and who will be eligible for a full old-age pension within 5 years can apply for an early retirement pension in accordance with the Law on the advance payment of national social insurance old-age pensions (*Valstybinių socialinio draudimo senatvės pensijų išankstinio mokėjimo įstatymas*).

How are unemployment benefits accessed?

Applications should be sent to the local office of the Lithuanian Labour Exchange (*Lietuvos darbo birža*).

Chapter XI : Minimum resources

When are you entitled to benefits regarding minimum resources?

There are two main non-contributory schemes for guaranteed minimum resources: cash social assistance and social assistance pension. In addition, there are some other minimum subsistence benefits.

Cash social assistance is means-tested; benefits are only granted after an evaluation of both the income received and the value of any property owned. Social assistance pensions are only pension-tested.

Cash social assistance

Cash social assistance (*Piniginė socialinė parama*) is provided to resident families and single residents who are unable to provide themselves with sufficient resources for living. Applicants for cash social assistance are required first and foremost to generate as much income as possible themselves. Cash social assistance comprises both social benefit (*Socialinė pašalpa*) and reimbursement for the cost of house heating, hot water and drinking water (*Būsto šildymo išlaidų, karšto ir geriamojo vandens išlaidų kompensacijos*).

These benefits can be paid if the single resident or at least one of the spouses/cohabitants works, or if they do not work because they are:

- full-time students (until they reach the age of 24);
- pensioners or individuals above retirement age or disabled persons;
- nursing a disabled or sick family member;
- registered with the local office of the Lithuanian Labour Exchange (*Lietuvos darbo birža*) or with another Member State's employment service as unemployed and receiving Unemployment Benefit (*Nedarbo draudimo išmoka*);
- taking care of a child under the age of three years, or under the age of eight years if the child does not attend an educational institution pursuant to doctors' recommendation or does not have the opportunity to attend a pre-school or pre-primary educational institution, etc.

Social assistance pension

The social assistance pension (*Šalpos pensija*) is aimed at ensuring a minimum standard of living for residents who are at a particular social risk, i.e. disabled persons, persons who have reached retirement age, disabled or retired mothers with multiple children and disabled or retired persons taking care of their disabled relatives. Social assistance pensions are paid to such individuals who are not entitled to benefits from the budget of the State Social Insurance Fund Board under the Ministry of Social Security and Labour (*Valstybinis socialinio draudimo fondo valdyba prie Socialinės apsaugos ir darbo ministerijos, SoDra*) or for whom these benefits are very small.

Other benefits

Social pensions have not been granted since 1995, but those social pensions are still paid for persons who were entitled to them before 1 January 1995. In 2004 social pensions were indexed and increased after approval of the new basic social insurance pension. Before the amendment in 2004 the above-mentioned pensions were paid at the applicable rate for December 1994.

Transport compensation for the disabled who have mobility problems

Disabled persons with mobility problems are entitled to:

- receive compensation for transport costs at the rate of 0.25 of the basic social benefit (BSB) per month;
- once every 6 years, receive compensation for the purchase and technical adaptation of a special vehicle, up to a maximum of 32 BSB.

What is covered?

Cash social assistance

Social Benefit

The monthly benefit level is 100% of the difference between the State supported income (*Valstybės remiamos pajamos*) of LTL 350 (€ 101) per person per month and the actual income of a family or single resident for the first family member, including the cases where Social Benefit is granted only to a child (children), 80% for the second member and 70% for the third and any additional family member.

Based upon an assessment of the living conditions of families or single residents, the municipal administrations may decide to grant Social Benefit in cases where their income exceeds the State Supported Income of LTL 350 (€ 101) by no more than 20%. In those cases, the monthly benefit level equals:

- 25% of the State Supported Income (i.e. LTL 87 (€ 25)) for a single person or for two family members;
- 50% of the State Supported Income (i.e. LTL 175 (€ 51)) for three or four family members;
- 70% of the State Supported Income (i.e. LTL 245 (€ 71)) for five family members or more.

Additionally paid Social Benefit (*Papildomai skiriama socialinė pašalpa*) can be granted to persons who get off Social Benefit and into employment. Social Benefit paid additionally corresponds to 50% of the average of the previously paid Social Benefit and will be awarded for six months even if the family is not entitled to Social Benefit after employment.

Social Benefit is reduced for long-term recipients. This does not apply in case Social Benefit is paid to children, including adult children who study according to the general education curriculum and within the period from the day of completion of this curriculum until 1 September of the same year.

The municipal administration may waive the reduction of Social Benefit if the local office of the Lithuanian Labour Exchange (*Lietuvos darbo birža*) or the national

employment service of another State failed to offer a job or participation in active labour market policy measures during the period of payment of Social Benefit.

(On a pilot basis, five municipalities may approve their own cases and procedures for paying Social Benefit additionally and for reducing Social Benefit).

Social Benefit is awarded for a period of three months, beginning the first day of the month in which the application is submitted, if at the time of submission the single resident or the family members were entitled.

Social Benefit may be renewed (with an unlimited number of renewals) if the circumstances do not change.

Reimbursement for Cost of House Heating, Hot Water and Drinking Water

A family should not have to pay more than 20% of the family income above the State supported income (*valstybės remiamos pajamos*) [i.e. LTL 350 (€ 101)] per family member for heating of a standard size accommodation; 5% of the family income for basic standard of hot water; 2% of the family income for basic standard of drinking water.

Persons who own a dwelling (apartment) in a multi-dwelling building and who apply for the Reimbursement for the Cost of House Heating (*Būsto šildymo išlaidų kompensacija*) have to participate in the meeting where the decision on the implementation of the renovation (modernisation) project of the building is considered and made, and, as the case may be, take part in the implementation of the project.

The municipal administration has the right to deny the granting of Reimbursement for the Cost of House Heating to persons who own a dwelling in a multi-dwelling building and who were granted or who have the right to the Reimbursement for the Cost of House Heating and who failed to participate in the meeting where the decision on the implementation of the renovation (modernisation) project of the building was considered and made, and did not take part in its implementation.

The reimbursement is granted for a period of three months from the date of entitlement.

Families or single residents who are owners of a dwelling (apartment) in a multi-dwelling building, and who are entitled to compensation for heating expenses, have the right to reimbursement of the costs for a loan, taken out together with other owners for the renovation (modernisation) project of the building.

Social assistance pension

The amount depends on the social insurance basic pension fixed by the Government and on a coefficient varying between 0.75 and 2.0 for different groups of recipients [LTL 270.00 (€ 78) to LTL 720.00 (€ 209)]. In determining the amount of support, the following factors are taken into consideration: the number of born and raised children for mothers (five or less), the time spent nursing a disabled person (15 years or less), the age of a disabled person at the date when the person is acknowledged as being disabled, and the level of disability.

Social assistance pensions are granted from the date of entitlement. However, they may be granted retro-actively up to 12 months preceding the submission of all the documents relating to the granting of social assistance pension to the municipal

administration. They are paid as long as the person is disabled, unable to work or partially able to work and, after reaching retirement age, until the death of the person concerned.

How are minimum resources benefits accessed?

Cash social assistance and social assistance pensions are paid by the municipalities and applications are to be made to them.

Cash social assistance

An applicant must complete an application form for cash social assistance and attach the required documents about any income and property owned by the family.

A decision concerning the granting of social benefit (*Socialinė pašalpa*) and/or calculation and provision of reimbursement must be taken no later than one month from the date of receipt of the application and of all the necessary documents in accordance with the procedure laid down by the administration of the municipality.

Social assistance pension

The application and documents submitted by the applicant are examined. No social investigation is carried out. A decision concerning the granting of social assistance pension must be taken no later than 10 working days from the date of receipt of the application.

Chapter XII: Long-term care

When are you entitled to long-term care?

Long-term care is legally defined as the package of nursing and social services provided to meet a dependent person's needs. Long-term care also includes palliative care services.

Social services are provided irrespective of age, but the level of independency and the need for services are taken into consideration. The main recipients of social services are elderly people and people with disabilities (children and adults). The need for social services is determined by reference to a combination of principles of co-operation, participation, complexity, accessibility, social justice, relevance, efficiency and comprehensiveness. It is established on an individual basis according to the person's dependency and chance of developing or compensating for independence thanks to the social services which correspond to the person's interests and needs.

Long-term medical treatment with nursing services attributed to individual healthcare is provided irrespective of age, but taking into consideration the health condition, the progress of disease and any complications.

Disabled persons, considering their special needs, may be provided with permanent care (assistance) or with permanent nursing. The special needs of disabled persons are determined through a certified list of healthcare conditions. Two cash benefits are provided in this respect:

- special compensation for nursing expenses is paid for disabled children with a severe degree of disability, to disabled persons with a reduction in working capacity of 75 to 100% and to persons of retirement age if a need for permanent nursing is determined.
- special compensation for care (assistance) expenses is paid for disabled children with a severe and moderate degree of disability, whether or not the need of permanent care is determined, to disabled persons with a reduction in working capacity of at least 60%, and to persons of retirement age if a need for permanent care (assistance) is determined.

Whereas cash benefits are not means tested in the case of long-term care in an institution, eligibility to the special compensation does depend on the person's ability to pay for the long-term social care. If the person spends at least one-third of the set fee for long-term social care, a certain part of the benefit is paid to the institution.

What is covered?

Benefits in kind

People in need of home care are regularly visited by social workers from their local social assistance administration, who determine the need for social care. Primary healthcare institutions are responsible for the organisation and provision of nursing services at home.

Elderly and disabled people can receive care in day care centres from three hours per day up to five days per week, or temporary short-term care in residential social care institutions depending on their particular situation.

Residential care is provided for children deprived of parental care, children and adults with disabilities and elderly people.

Cash benefits

Special Compensation for Nursing Expenses

This amounts to 250% of the social insurance basic pension [currently LTL 900 (€ 261)]. However temporarily, for the period 2010-2012, benefits are paid at 85% of these amounts.

Special Compensation for Care (Assistance) Expenses

This amounts to 50% or 100% of the social insurance basic pension depending on the category of the recipient [LTL 180 (€ 52) or LTL 360 (€ 104) respectively]. Again temporarily, for the period 2010-2012, benefits are paid at 85% of these amounts.

How is long-term care accessed?

Applications should be made to the local social assistance department of the municipality.

The need for social services, including long-term social care, is generally determined by social workers. It may also be agreed on by a team of specialists consisting of a social worker, his/her assistant, a community caregiver and a mental healthcare giver.

The need for long-term medical care is determined by a doctor or medical advisory commission.

Annex: Useful addresses and websites

More detailed information on qualifying conditions and individual social security benefits in Lithuania 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 Social Security and Labour:
Socialinės Apsaugos Ir Darbo Ministerija
A. Vivulskio st. 11
03610 Vilnius
<http://www.socmin.lt>

The State Social Insurance Fund Board under the Ministry of Social Security and Labour:
Valstybinio Socialinio Draudimo Fondo Valdyba prie Socialinės Apsaugos Ir Darbo Ministerijos (SoDra)
Konstitucijos av. 12
09308 Vilnius
<http://www.sodra.lt>

Lithuanian Labour Exchange under the Ministry of Social Security and Labour:
Lietuvos Darbo Birža prie Socialinės Apsaugos Ir Darbo Ministerijos
Geležinio Vilko st. 3a
03131 Vilnius
<http://www.ldb.lt>

Ministry of Health:
Sveikatos Apsaugos Ministerija
Vilniaus st. 33
01506 Vilnius
<http://www.sam.lt>

National Health Insurance Fund under the Ministry of Health:
Valstybinė Ligonių Kasa prie Sveikatos Apsaugos Ministerijos
Europos square 1
LT-03505 Vilnius
<http://www.vlk.lt>