



European
Commission

Your social security rights

in the United Kingdom

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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Table of Contents

Chapter I: Introduction, organisation and financing	4
Introduction	4
Organisation of social protection	5
Financing	6
Chapter II: Healthcare	7
When are you entitled to healthcare?	7
What is covered?	7
How is healthcare accessed?	8
Chapter III: Sickness cash benefits.....	9
When are you entitled to sickness cash benefits?	9
What is covered?	9
How are sickness cash benefits accessed?.....	9
Chapter IV: Maternity and paternity benefits.....	11
When are you entitled to maternity or paternity benefits?	11
What is covered?	12
How are maternity and paternity benefits accessed?	12
Chapter V: Invalidity benefits.....	14
When are you entitled to invalidity benefits?	14
What is covered?	15
How are invalidity benefits accessed?	15
Chapter VI: Old-age pensions and benefits	16
When are you entitled to old-age benefits?	16
What is covered?	16
How are old-age benefits accessed?	16
Chapter VII: Survivors' benefits	17
When are you entitled to survivors' benefits?	17
What is covered?	17
How are survivors' benefits accessed?	18
Chapter VIII: Benefits in respect of accidents at work and occupational diseases.....	19
When are you entitled to benefits in respect of accidents at work and occupational diseases?.....	19
What is covered?	19
How are benefits in respect of accidents at work and occupational diseases accessed?	19
Chapter IX: Family benefits	21
When are you entitled to family benefits?	21
What is covered?	21
How are family benefits accessed?	21
Chapter X: Unemployment.....	22
When are you entitled to unemployment benefits?	22
What is covered?	22
How are unemployment benefits accessed?.....	23
Chapter XI: Minimum resources	24
When are you entitled to benefits regarding minimum resources?	24
What is covered?	24
How are minimum resources benefits accessed?	25
Chapter XII: Long-term care.....	26
When are you entitled to long-term care?	26
What is covered?	26
How is long-term care accessed?	27
Annex: Useful addresses and websites	28

Chapter I: Introduction, organisation and financing

Introduction

The United Kingdom social security schemes include:

- The National Insurance Scheme (NIS), which provides cash benefits for sickness, unemployment, death of a partner, retirement, etc. People earn entitlement to these benefits by paying National Insurance contributions;
- The National Health Service (NHS), which provides medical, dental and optical treatment and which is normally available free of charge only to people who live in Great Britain and Northern Ireland;
- The child benefit and Child Tax Credit schemes, which provide cash benefits for people bringing up children;
- Non-contributory benefits for certain categories of disabled persons or carers;
- Other statutory payments made by employers to employees when a child is born or placed for adoption.

You are normally issued automatically with a national insurance number when you reach the age of 16. If you have not received a number when you take up work, you must apply for one.

National insurance contributions

Contributions to the national insurance scheme are divided into five classes:

1. As an employee you will pay main rate primary Class 1 contributions if your earnings are above the primary threshold. Your contributions will be a percentage of your weekly earnings up to the upper earnings limit (UEL) and will be deducted from your pay. If you have earnings above the UEL you will also have contributions deducted from your pay; this is known as the additional rate. If your earnings are below the primary threshold but above the lower earnings limit, you are treated as having paid contributions in order to protect benefit entitlement. Your employer pays secondary Class 1 contributions if your earnings rise above the secondary threshold. Employer's contributions are not deducted from your pay but are the liability of your employer.
2. If you are self-employed and your earnings are above the Small Earnings Exception, you must pay Class 2 contributions. Class 2 contributions are payable at a flat rate. If your taxable profits or gains are between the level of the income tax personal allowance and the Upper Profits Limit (UPL), you will also be liable for Class 4 contributions. If you have profits above the UPL you will also have contributions deducted from your profits at an additional rate. Class 4 contributions do not count for benefit purposes.
3. Class 3 contributions are voluntary and only count towards basic retirement pension and bereavement benefits. They can be paid if you are not liable for primary Class 1 contributions, if you have been exempted from paying Class 2 contributions or if your contribution record is not sufficient to qualify for the benefits listed above. Class 3 contributions are payable at a flat rate.
4. Special rules apply to certain people, including mariners and airmen.
5. If you are an employer you may also be liable for Class 1A contributions on most benefits in kind provided to employees, for example cars made available for private use and car fuel.

Further information on the current rates of contributions is available from the website of Her Majesty's Revenue and Customs: <http://www.hmrc.gov.uk>

Credits

In some circumstances, contributions may be credited to your national insurance record even if you have not actually paid them. This is the case, for example, for periods when you are unable to work because of sickness or unemployment. Credits can help you qualify for some benefits. For most benefits, however, you must actually have paid a certain amount of contributions.

Benefits – general

Cash benefits under the national insurance scheme depend on your contribution record. A minimum amount of contributions must have been paid before you are entitled to benefits. By contrast, entitlement to medical treatment, including dental and optical treatment, does not depend upon national insurance contributions. In the case of residence in Great Britain it is provided under the National Health Service and in Northern Ireland under the Health and Social Care Service.

To qualify for cash benefits for sickness, maternity or unemployment you must satisfy certain contribution conditions. These are listed in the parts on [healthcare](#), [maternity and paternity benefits](#) and [unemployment](#). Your contributions in other EU Member States, Iceland, Liechtenstein, Norway or Switzerland may also be taken into account to satisfy these conditions. Entitlement to pensions for old age and the death of a spouse or civil partner depends on your (or your spouse or civil partner's) insurance record in all the Member States in which you have worked. Class 2 contributions (see above) may be used to satisfy the contribution conditions for cash benefits.

It is important to claim benefits in due time as delayed applications may cause the loss of such benefits.

Appeals

When a decision has been made on your claim to cash benefits, you will be informed on the decision and on how to contest it. This will include your right to appeal to an independent tribunal.

Organisation of social protection

The Department of Work and Pensions (DWP) is responsible for delivering most social security benefits. The HM Revenue and Customs is responsible for the collection and recording of contributions and the assessment and payment of tax credits for families with dependent children and working people on low incomes. It also administers Child Benefit and Guardian's Allowance.

Local authorities administer Housing Benefit. The Department for Business, Innovation and Skills is responsible for developing policy and legislation on parental leave and

pay. Employers are responsible for paying Statutory Sick Pay, Statutory Maternity Pay, Statutory Paternity Pay and Statutory Adoption Pay.

National Health Service authorities are funded to secure health services for their local population through contracts with NHS Trusts and other service providers and professionals. Social care services are provided or purchased by local authorities within a financial and legislative framework determined by the Health Ministry.

A chart with an overview of the relevant public bodies involved with the provision of statutory social security benefits can be found in the [MISSOC Organisation of Social Protection](#).

Individuals may choose to subscribe to private medical insurance, or employers may offer to meet the cost of private treatment.

Financing

The social security system is financed from national insurance contributions paid by employers and employees and general tax revenue. There are important distinctions between insurance based, category and income/asset related benefits.

Chapter II: Healthcare

When are you entitled to healthcare?

General practitioners (GPs) are self-employed and have contracts to provide services for the National Health Service. GPs have a measure of discretion in accepting applications to join their patient lists. However, they cannot turn down an applicant on the grounds of race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition. In Northern Ireland patients must be ordinarily resident in order to register with a GP. Patients who have entitlement under the EHIC arrangements will be treated for free without needing to register.

If you need hospital treatment or to consult a specialist, your NHS doctor will arrange it for you. In an emergency, you may be admitted directly to a hospital.

Being registered with a GP does not necessarily mean that you are entitled to free NHS hospital treatment. If you ordinarily reside in the United Kingdom (ie live there on a lawful and settled basis) then you are entitled to free NHS hospital treatment. Alternatively, if you are exempt from charges under the NHS (Charges to Overseas Visitors) Regulations 2011, as amended (for instance by being lawfully employed by a UK based employer), then you are similarly entitled to free NHS hospital treatment. In Northern Ireland the equivalent legislation is the Provision of Health Services to Persons Not Ordinarily Resident Regulations 2005 as amended. Your spouse/civil partner and your children under the age of 16 (or under 19 if in full time education) are also entitled to free NHS hospital treatment if they are living with you on a permanent basis or if they qualify in their own right under the above Charging Regulations. There is no necessity to pay national insurance or taxes.

If you are temporarily in the UK but continue to officially reside in a different EEA country or Switzerland then you need to carry a valid European Health Insurance Card (EHIC) from your home country when in the UK in order to access free NHS hospital treatment under EC law. If you do not have this EHIC then you may face charges. The EHIC entitles you, free of charge, to any treatment which is clinically necessary during your stay, in order to prevent you from having to return home before the end of your planned stay. It does not allow you to seek free treatment in the UK – you will need to be formally referred to the UK by your home country with an E112/S2 form in order for planned treatment to be free of charge.

What is covered?

Nearly all doctors, general practitioners, opticians and many dentists take part in the NHS. You may choose at any time a dentist or an optician who takes part in the NHS. As doctors, dentists and opticians taking part in the NHS are free to treat patients privately and to charge them accordingly, you should ensure that the practitioner is willing to treat under the NHS. The costs of private treatment are not refundable by the NHS. They are your own responsibility.

The patient will normally have to pay some charges towards the cost of prescribed medicines, dental services and certain appliances (for example wigs and fabric supports) although certain people, particularly children and people on certain social

security benefits, do not have to pay some or all of these charges. Access to NHS sight tests and help with the costs of glasses is only available to certain people; all others have to pay privately for optical services.

How is healthcare accessed?

Names and addresses of NHS general practitioners, dentists and opticians in England are available on the National Health Service services directory:
<http://www.nhs.uk/servicedirectories/Pages/ServiceSearch.aspx>

The directory for Northern Ireland is:
<http://www.hscni.net>

The directory for Scotland is:
<http://www.nhs24.com/FindLocal>

The directory for Wales is:
<http://www.wales.nhs.uk/ourservices/directory>

Chapter III: Sickness cash benefits

When are you entitled to sickness cash benefits?

Statutory sick pay (SSP)

You may be able to get Statutory Sick Pay (SSP) from your employer if you have done some work under your contract of employment and:

- you're sick for at least four days in a row (including weekends and bank holidays and days that you do not normally work); and
- you have average weekly earnings of at least equal to the lower earnings limit (LEL)

Employment and Support Allowance

Employment and Support Allowance (ESA) was introduced in October 2008 when it replaced Incapacity Benefit for all new claimants. You can claim ESA: if you are incapable of work because of illness or disability if the period of your illness is four days or more; and if you are not entitled to payment of SSP from an employer for that period. No benefit is payable for the first three days of incapacity.

The contribution conditions are as follows:

- from November 2010 you must have paid either Class 1 or Class 2 contributions in one of the last two tax years before the benefit claim, and your earnings for that year must be equal to at least 26 times the lower earnings limit for that year, and;
- you must have paid or been credited with either Class 1 or Class 2 contributions, or a combination of both, equal to at least 50 times the lower earnings limit in each of the two income tax years (6 April to 5 April) which ended before the beginning of the benefit year (first Sunday in January to the Saturday before the first Sunday in January of the following year) in which the claim is made.

What is covered?

Your employer is liable to pay SSP for a maximum of 28 weeks in a period of incapacity for work. If you are still sick when your employer's liability to pay you SSP comes to an end you will be able to claim [Employment and Support Allowance](#) from the Department for Work and Pensions.

How are sickness cash benefits accessed?

For the first seven days of illness, your employer cannot ask you to provide medical evidence that you are sick. They may ask you to fill in a self-certificate of their own design or an SC2 form obtainable from a GP surgery, or from the HM Revenue and Customs (HMRC) website.

If you are sick for more than seven days, your employer can ask for medical evidence to support payment of SSP. It is up to the employer to decide whether you are incapable of work. A medical certificate from a GP is strong evidence that you are sick and would normally be accepted, unless there is evidence to prove otherwise.

You could also receive evidence from someone who is not a medical practitioner, e.g. a dentist, however it is for the employer to decide whether or not this evidence is acceptable. If the employer has any doubts, they may still ask for a medical certificate from a GP.

Chapter IV: Maternity and paternity benefits

When are you entitled to maternity or paternity benefits?

Statutory Maternity Pay (SMP)

Most pregnant working women may be eligible to receive SMP from their employer. It is payable for up to 39 weeks starting, at the earliest, 11 weeks before the expected week of confinement (EWC). You can choose when to stop work but the latest your SMP can start is the day following the birth of your baby.

You may work for up to ten days without losing any SMP. These “Keeping in Touch days” (KIT) allow you to keep in touch with your work place and receive training, for example, before returning. KIT days can only be taken with your consent and that of your employer.

To qualify you must have worked for the same employer continuously for 26 weeks up to the 15th week before the EWC (the qualifying week).

Your average weekly earnings must also be at least equal to the lower earnings limit for National Insurance (NI) purposes.

Maternity Allowance (MA)

You can only get MA if you cannot get SMP, have been employed and/or self-employed and earned on average at least equal to the Maternity Allowance Threshold (MAT) in force at the beginning of your test period.

To qualify you must have been employed and/or self-employed for at least 26 weeks in your 66 week test period. The 26 weeks do not have to be consecutive. The test period is the period of 66 weeks up to and including the week before the week your baby is due.

The MAT is GBP 30 (€ 35) a week so you must earn on average at least GBP 30 (€ 35) a week. Your average weekly earnings are worked out using earnings from any 13 weeks in the test period (the test period earnings). If you satisfy the employment rule and the earnings rule, you will be entitled to MA for a maximum of 39 weeks.

You will be able to work for up to ten days during your Maternity Allowance Pay period without losing any of your Maternity Allowance. These days will be called “Keeping in Touch days” (KIT). These KIT days will allow you to keep in touch with your work place and receive training, for example, before you return to work. KIT days can only be taken with your consent and that of your employer. This measure is also available for the self-employed.

Ordinary Statutory Paternity Pay (OSPP)

An employee whose partner is expecting a baby may be able to receive Ordinary Statutory Paternity Pay (OSPP) after the baby is born. To qualify you must have worked for the same employer for 26 weeks by the end of the 15th week before the

week the baby is expected to be born and remain with the employer until the baby is born. You must also have earned on average at least the lower earnings limit for the payment of national insurance contributions in an eight-week period ending with the 15th week before the week the baby is due.

Additional Statutory Paternity Pay (ASPP)

An employee whose partner is entitled to statutory maternity pay, Maternity Allowance or Statutory Adoption Pay may be able to receive Additional Statutory Paternity Pay (ASPP) if the mother or adopter has returned to work before the end of their maternity or adoption pay period. To qualify you must have worked for the same employer for 26 weeks by the end of the 15th week before the week the baby is expected to be born and remain with the employer until the week before payment begins. You must also have earned on average at least the lower earnings limit for the payment of national insurance contributions in an eight-week period ending with the 15th week before the week the baby is due.

What is covered?

The amount of Statutory Maternity Pay you get depends on your earnings. SMP is paid for a maximum of 39 weeks (this is stated earlier in the section, but may be worth reiterating here). For the first six weeks you get 90% of your average gross weekly earnings with no upper limit. The remaining 33 weeks are paid at the standard rate (GBP 136.78 (€ 160) per week) SMP or the earnings-related rate if this is less than standard rate SMP.

The amount of Maternity Allowance you get depends on your average weekly earnings. You will get either standard rate MA, which is GBP 136.78 (€ 160) a week or 90 % of your average weekly earnings, if this calculation results in a figure which is less than GBP 136.78 (€ 160). The employer will usually pay in the same way and at the same time as for normal wages. It can be paid for up to 39 weeks.

Ordinary Statutory Paternity Pay is paid at a standard rate, which is GBP 136.78 (€ 160) a week or 90% of your average weekly earnings if this calculation is less than GBP 136.78 (€ 160). You can choose whether to receive OSPP for one week or for two consecutive weeks and when to start receiving it, from the time the baby is born up to eight weeks after the birth.

Additional Statutory Paternity Pay is paid at a standard rate, which is GBP 136.78 (€ 160) a week or 90% of your average weekly earnings if this calculation is less than GBP 136.78 (€ 160). You can start receiving ASPP from 20 weeks after the child is born providing that the child's mother has returned to work. Payment ends when you return to work or at the end of the mother's maternity pay period, whichever is earliest.

How are maternity and paternity benefits accessed?

To get SMP, you must tell your employer that you intend to stop work because of your pregnancy. You should give your employer at least 28 days' notice of the date you intend to stop work to have your baby. Your employer may need your notice in

writing. You must also give your employer your maternity certificate, which the doctor or midwife will give you around the 21st week of your pregnancy.

You can claim MA when you reach the 14th week before the week in which your baby is due (the 27th week of pregnancy).

To get SPP, you will need to give your employer a self-certificate confirming that you:

- have or expect to have responsibility for the child's upbringing;
- are the biological father of the child or the mother's husband, civil partner or partner;
- are taking time off work to care for the child and/or support the mother.

Chapter V: Invalidity benefits

When are you entitled to invalidity benefits?

Employment and Support Allowance replaced the Incapacity Benefit and Income Support that is paid because of an illness or disability for new claimants from 27 October 2008.

To get Employment and Support Allowance, you must have a limited capacity to work and you will need to meet certain national insurance contribution conditions (see part on [sickness cash benefits](#)). If you meet these conditions, you will enter a 13-week assessment phase. During this phase a doctor or a healthcare professional will carry out a medical assessment called the Work Capability Assessment. As well as determining whether there is entitlement to benefit, the Work Capability Assessment also determines whether you should be placed in the Work Related Activity Group, which has a mandatory work-focused activity, or the support group which does not have such a requirement.

Work Related Activity Group

If you are placed in the Work Related Activity Group, you will be expected to take part in work focused interviews with your personal adviser. You will get support to help prepare for suitable work. In return, you will receive a work related activity component in addition to the basic rate of Employment and Support Allowance.

Support Group

If you are placed in the Support Group because illness or disability has a severe effect on your ability to work, you will not be expected to take part in any work. You can do so on a voluntary basis.

Helping you into work

If you are in the Work Related Activity Group, you will regularly see a personal adviser to discuss work prospects. They will give help and advice with:

- job goals
- skills, strengths and abilities
- steps to be taken to help find suitable work

If you refuse to go to the work focused interviews, or to take part fully in the work focused interviews, your entitlement to Employment and Support Allowance may be affected.

What is covered?

During the 13-week assessment phase, a weekly basic rate of up to GBP 71.70 (€ 84) is payable.

Weekly rate during the main phase

The main phase starts from week 14 of the claim, if the Work Capability Assessment shows that the illness or disability does limit an ability to work.

Type of group	Weekly amount
A single person in the Work Related Activity Group	up to GBP 100.15 (€ 117)
A single person in the Support Group	up to GBP 106.50 (€ 124)

How are invalidity benefits accessed?

Contact your local Jobcentre Plus office. You will need medical evidence from your doctor in support of your claim.

Chapter VI: Old-age pensions and benefits

When are you entitled to old-age benefits?

The basic State Pension is a government-administered pension. It is based on the number of qualifying years gained through National Insurance contributions (NICs) paid or credited throughout the applicant's working life.

State retirement pension can be claimed once you reach State Pension age. For men born before 6 December 1953, the current State Pension age is 65. For women born after 5 April 1950 but before 6 December 1953, their State Pension age is between 60 and 65.

From December 2018 the State Pension age for both men and women will start to increase to reach 66 in October 2020.

What are qualifying years?

A qualifying year is a tax year where a worker has sufficient income to pay National Insurance Contributions (NICs), or is treated as having paid or being credited with NICs.

How many qualifying years are required?

Men and Women reaching State Pension age on or after 6 April 2010 need 30 qualifying years for a full basic State Pension.

If you choose to put off claiming State Pension for at least 12 consecutive months you can get a one-off lump sum payment. This will be in addition to the normal State Pension. The 12 consecutive months must all have fallen after 5 April 2005.

What is covered?

The full basic State Pension is GBP 110.15 (€ 129) a week for a single person, individual circumstances may affect the amount received. You can receive it even if you continue working.

How are old-age benefits accessed?

The Pension Service should automatically send you a claim form four months before you reach State Pension age.

Chapter VII: Survivors' benefits

When are you entitled to survivors' benefits?

Death benefits are available to men and women whose spouse has died or whose same-sex registered civil partner died on or after 5th December 2005.

There are three different death benefits which are payable subject to the late spouse or registered civil partner satisfying certain national insurance contribution conditions.

Bereavement Payment

The Bereavement Payment is a single lump-sum paid to widows, widowers and surviving civil partners under State Pension age, or over State Pension age if the late spouse or civil partner was not entitled to a State Pension based on his or her own contribution record.

Widowed Parent's Allowance (WPA)

The Widowed Parent's Allowance is a regular payment for men and women who have a qualifying child, generally a child for whom there is Child Benefit entitlement.

Women who are pregnant by their late husband can also qualify, including those who fall pregnant by certain fertility treatments – including the donation of eggs, sperm or embryos.

This rule also applies to a woman whose late partner was a registered civil partner. Widowed Parent's Allowance cannot be paid beyond state pension age.

Bereavement Allowance

The Bereavement Allowance is paid to men and women who are aged at least 45 but under State Pension age when they are widowed.

Additional pension

The Additional pension is an earnings-related benefit based on the earnings-related contributions of the late spouse or civil partner and can be paid only with Widowed Parent's Allowance.

What is covered?

The Bereavement Payment is a single tax-free lump-sum payment of GBP 2,000 (€ 2,335).

The Widowed Parent's Allowance (WPA) is a regular weekly payment.

The Bereavement Allowance is paid for a maximum of 52 weeks and is granted at the full rate to widowed people aged 55 or over. Between the ages of 45 and 54 a

percentage of the full rate is paid. This percentage is fixed and will not increase with a birthday.

How are survivors' benefits accessed?

The bereaved spouse or civil partner may apply for death benefits by completing the back of the death certificate issued by the Registrar of Births, Marriages and Deaths and sending it to the local Jobcentre Plus or Pensions Office. This office will then provide a claim form, which should be completed and returned urgently. This claim can also be used for pensions that may be due under the schemes of other Member States. If the bereaved spouse does not live in the United Kingdom, they should submit their claim to the pension insurance institution of the Member State in which he or she lives.

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?

Disablement benefit

Industrial injuries disablement benefits are payable if you become ill or disabled as a result of an accident at work or if you contract a prescribed occupational disease. Entitlement to benefits does not depend on the amount of national insurance contributions paid. These benefits are not payable to self-employed persons.

Benefit for an accident at work can be claimed if a worker was employed when the accident happened and this event occurred in Great Britain. Benefits for an occupational disease can be claimed if a worker was employed in a job that caused the disease. The scheme covers more than 70 diseases, including:

- a disease caused by working with asbestos
- asthma
- chronic bronchitis or emphysema
- deafness
- pneumoconiosis (including silicosis and asbestosis)
- osteoarthritis of the knee in coal miners
- prescribed disease A11 (previously known as vibration white finger)

What is covered?

Disablement benefit is payable if you are still disabled 15 weeks after the date of the accident at work or 15 weeks after the onset of the disease. The amount of benefit depends on the extent of the disablement, assessed as a percentage. The benefit is payable in addition to any sickness or invalidity benefit.

Individual circumstances, including age and the severity of disability, will affect the level of benefit received. This will be assessed by a doctor on a scale of one to 100%. For certain lung diseases, payment is made at the 100% rate from the start of the claim.

The amount of benefit payable depends on the level of disability and ranges from GBP 32.22 (€ 38) a week for 20% disablement to GBP 161.60 (€ 189) a week for 100% disablement.

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

If you have an accident at work, you should tell your employer or someone else in authority at once, even if the accident does not seem serious at the time.

Disablement benefit is normally payable if disablement is assessed at 14% or more for all accidents and most prescribed diseases. For the respiratory diseases pneumoconiosis and byssinosis, benefits may be paid in respect of disablement of at least 1%. For sufferers of diffuse mesothelioma, asbestosis and lung cancer due to specific exposure to asbestos in the workplace, benefits are paid at the 100 % rate.

In Great Britain, you should claim the benefit by completing a form available from your local Jobcentre Plus. In Northern Ireland claims should be made to the Industrial Injuries Branch of the Social Security Agency, Castle Court, Royal Avenue, Belfast BT1 1SD.

Chapter IX: Family benefits

When are you entitled to family benefits?

Child benefit

Child Benefit is a cash benefit payable if you are responsible for one or more children under age 16, or up to age 20 if the child is in full-time education (but not if on a degree or other advanced course) or approved unwaged training. There are no contribution conditions, but you must normally be present, ordinarily resident and have a right to reside in the United Kingdom.

Child Tax Credit

This is an income-related payment to support families with children. You can claim it if you, or your partner, are responsible for one or more children under age 16, or up to age 20 if the child is in full-time education (but not if on a degree or other advanced course) or approved unwaged training, who usually lives with you. There are no contribution conditions, but you and your partner, if you have one, must normally be present, ordinarily resident and have a right to reside in the UK.

What is covered?

There are two different amounts of Child Benefit, with a higher amount for your eldest (or only) child.

- GBP 20.30 (€ 24) a week for the eldest child and;
- GBP 13.40 (€ 16) a week for each other child.

How are family benefits accessed?

Claims for Child Benefit should be made to Her Majesty's Revenue and Customs Child Benefit Office, enclosing the children's birth certificates if possible. Claim forms can be obtained from Her Majesty's Revenue and Customs Child Benefit Office or from the Child Benefit Helpline.

Claims for child tax credit should be made to Her Majesty's Revenue and Customs, Tax Credits Office. Claim forms can be obtained from the Tax Credit Helpline.

Chapter X: Unemployment

When are you entitled to unemployment benefits?

Jobseeker's Allowance

To get contribution-based Jobseeker's Allowance, you will need to meet two national insurance contribution conditions:

- First, to have paid Class 1 contributions on earnings of at least 26 times the lower earnings limit in one of the two relevant tax years on which your claim is based. Credits do not count for this condition.
- Second, to have paid or been credited with Class 1 contributions on earnings of at least 50 times the lower earnings limit in both of the two relevant tax years on which your claim is based. Credits do count for this condition.

Only National Insurance Contributions paid by employees can qualify for these benefits. Contributions paid by self-employed people do not count.

You are required to be capable of and available for work. You will also be required to complete a Jobseeker's Agreement, setting out the steps to be taken to seek work. To keep receiving the benefits, you will have to attend regular job search reviews, usually every fortnight. There's a longer review after 13 weeks.

Contribution-based Jobseeker's Allowance is a personal benefit – no additional amounts are paid for a dependant partner or child. It is paid regardless of capital and most income, although it may be reduced by part-time earnings. Payment may also be affected if you receive an occupational or personal pension.

What is covered?

Contribution-based Jobseeker's Allowance is paid for up to 182 days, if you are unemployed, capable of and available for work, and are actively seeking work. Jobseeker's Allowance is usually paid fortnightly, directly into your bank, building society or post office account.

Contribution-based Jobseeker's Allowance

The maximum weekly rates are:

Age	Amount
Aged 16 - 24	GBP 56.80 (€ 66)
Aged 25 or over	GBP 71.70 (€ 84)

In most cases the benefit is not paid for the first three days of the claim.

How are unemployment benefits accessed?

If you become unemployed, you should immediately claim Jobseeker's Allowance at your local Jobcentre Plus office in Great Britain, or in Northern Ireland at the local Jobs and Benefits Office / social security office. The addresses of all these offices are available at the local post office.

Chapter XI : Minimum resources

When are you entitled to benefits regarding minimum resources?

A number of means-tested benefits provide financial help to people whose income and savings, from all sources, are below specified levels. To be eligible, a claimant must have a right to reside in the UK and be habitually resident in the UK, Isle of Man, Channel Islands and the Republic of Ireland (the Common Travel Area).

What is covered?

State Pension Credit

State Pension Credit provides a minimum income level. The qualifying age is gradually increasing from 60 to 65 between April 2010 and 2018. The amount received depends on personal circumstances, the money already coming into the household and the amount of savings and investments held.

Income Support

Income Support provides a minimum level of assistance to those aged between 16 and State pension credit age who are unable to work full-time and whose income including social security benefits and capital fall below a level specified by legislation.

Income-based Jobseeker's Allowance

Income-based Jobseeker's Allowance provides a minimum level of assistance to unemployed people whose income and capital fall below a level specified by legislation. The benefit is available to those who have exhausted the UK contributory benefit for unemployment and also to those who are not entitled to that benefit.

Income-based Employment and Support Allowance

Income-based Employment and Support Allowance provides a minimum level of assistance to people who have an illness or disability which affects their ability to work and whose income and capital fall below a level specified by legislation. The benefit is available to those who are not entitled to the contributory benefit for sickness or invalidity.

Housing Benefit

Housing Benefit may be payable to people who need financial help to pay all or part of their rent and whose income and capital (savings and investments) are below a certain level.

How are minimum resources benefits accessed?

Contact a Jobcentre Plus local office to initiate a claim or to seek further advice.

Chapter XII: Long-term care

When are you entitled to long-term care?

Long-term care support is provided through a social care system (benefits in kind) and through the social security system (non-contributory cash disability benefits) to people who have certain physical, cognitive or age-related conditions and who require help with their personal care or their daily living activities. The support is financed by the State and is available to people with an unrestricted right to remain in the United Kingdom.

Competence for social care (benefits in kind) is devolved to Scotland, Wales and Northern Ireland.

What is covered?

The social care system in England provides care and support through a means-tested system, which is delivered at the local level by local authorities. Social care may be provided in people's own homes (e.g. homecare, meals on wheels and special aids and equipment), residential care or nursing homes, day care centres and hospitals. Note that the social care system does not come within the EU social security coordination rules.

For residential care in England, people with assets (including the value of the family home) over GBP 23,250 (€ 27,143) receive no financial State support and need to fund their own care. The level and type of State support for people with assets below this threshold depends on their needs and income.

People with non-residential care needs who receive care or other services from the local authority have to pay reasonable charges, depending on ability to pay and at the discretion of the local authority.

Cash disability benefits for people who need help with personal care are not means-tested. The following social security benefits may be payable to people with long-term care needs and their carers:

Disability Living Allowance

If help is required with personal care or you have walking difficulties because of a physical or mental disability and you are under 65, you may be entitled to a disability living allowance. The Disability Living Allowance may be paid in addition to other benefits and there are no contribution conditions. There are currently conditions relating to residence and presence in the UK. Disability Living Allowance is paid directly into a bank, building society or other account of the payee's choice.

Personal Independence Payment

From 10 June 2013 no new claims for Disability Living Allowance can be made by those in the 16 to 64 age group. Instead, you can make a claim for Personal Independence Payment. In the same way as Disability Living Allowance, you can receive Personal Independence Payment whether you are in or out of work. The benefit is not means-tested or taxed.

Attendance Allowance

If you are aged 65 or over and need help with personal care because of a physical or mental disability you may be entitled to Attendance allowance. It may be paid in addition to other benefits. There are no contribution conditions, but there are conditions relating to residence and presence in the UK.

The Attendance allowance is paid directly into a bank, building society or other account of the payee's choice.

Carer's Allowance

The Carer's allowance is a weekly benefit paid to someone who spends at least 35 hours a week caring for a person receiving a disability living allowance at the middle or highest rate for help with personal care, an attendance allowance or equivalent rates of the constant attendance allowance. The Carer's allowance may affect payment of other benefits, there is an earnings limit, and it is not payable to full-time students. There are no contribution conditions, but there are conditions relating to residence and presence in the UK which you will be required to satisfy.

Carer's allowance is paid directly into a bank, building society or other account of the payee's choice.

How is long-term care accessed?

To access social care services (benefits in kind), contact the social services department of your local council and ask them for a health and social care needs assessment.

To claim cash disability benefits, call the Benefit Enquiry Line - telephone: 0800 88 22 00. This is a confidential free phone service for disabled people and carers.

Annex: Useful addresses and websites

More detailed information on qualifying conditions and individual cash benefits in the United Kingdom can be obtained from local Jobcentre Plus offices. The contact details for your nearest office can be found here:

http://www.direct.gov.uk/en/Employment/Jobseekers/ContactJobcentrePlus/DG_186347

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

In Great Britain, enquiries concerning the effect on benefits and pensions of insurance in two or more countries should be addressed to:

Department for Work and Pensions

International Pension Centre

Tyneview Park

Newcastle upon Tyne

United Kingdom

NE98 1BA

Tel.: (44-191) 218 77 77

E-mail: TVP-IPC-Customer-Care@thepensionservice.gsi.gov.uk

You can also get more information from the Department for Work and Pensions website: <http://www.dwp.gov.uk>

You can get information about child benefits on the Internet at: <http://www.hmrc.gov.uk> or from:

Her Majesty's Revenue and Customs

Child Benefit Office

PO Box 1

Newcastle Upon Tyne

NE88 1AA

United Kingdom

Tel.: 0845 302 1444

If you live outside the UK, please phone 00 44 191 225 10 00.

You can get information about child tax credit on the Internet at: <http://www.hmrc.gov.uk/taxcredits> Or from

Her Majesty's Revenue and Customs

Tax Credit Office

Preston

PR1 4AT

United Kingdom

Tel.: 0345 300 3900

If you live outside the UK, please phone 00 44 -289 053 8192.

Further information about health services in Great Britain and Northern Ireland, and how to use them, can be obtained as below:

In England, from NHS Direct – telephone 0845 46 47, or visit their website at:

<http://www.nhsdirect.nhs.uk/default.aspx>

In Scotland, from NHS 24 – telephone 08454 2242424, or visit their website at:

<http://www.nhs24.com>

In Wales, from NHS Direct Wales – telephone 0845 4647, or visit their website at

<http://www.nhsdirect.wales.nhs.uk/>

In Northern Ireland, from the Health Services Agency - telephone 028 90324431, or

visit their website at <http://www.nidirect.gov.uk/index/information-and-services/health-and-well-being.htm>