

ACCESS

Guide

Social Security

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Introduction

The Netherlands has a comprehensive social security system which is subject to continuous change. In this ACCESS Guide we will give an overview of the current Dutch social security system, relevant for newcomers and for the international community living in the Netherlands. Most of the information is available in Dutch only because the social security system is meant for long term residents. It is assumed that you will be able to read and write Dutch.

Continuing social security in your original country

If a person is posted to the Netherlands from another country and the Netherlands has entered into a social security treaty with this country, the applicable legislation will be determined in accordance with the rules of the treaty.

Generally speaking, the rule is that Dutch legislation is applicable if duties are carried out in the Netherlands.

Exceptions to this general rule are possible in certain cases where the foreign employer has originally requested continuing eligibility for his own social security system based on a special Administrative Agreement between the Netherlands and his country of origin. The Netherlands has special Administrative Agreements with all EEA (European Economic Area) countries (EEA countries include all EU countries, Iceland, Liechtenstein and Norway) and with Australia, Bosnia-Herzegovina, Canada, Chile, Israel, Cape Verde, Croatia, Macedonia, Morocco, New Zealand, Serbia, Montenegro, Tunisia, Turkey, United States of America and Switzerland.

It is only possible to remain eligible for social security in one's original country if the foreign employee is sent to the Netherlands on a temporary basis and the following conditions are satisfied:

- the employee remains in the employment of the company in the original country
- the anticipated duration of the duties for which the employee is posted abroad does not exceed 12 months. The employee may request to apply the legislation for a maximum further period of 12 months using a special form (E102). This form can be obtained from the social security authority in the expat's country of origin.
- the employee is not sent to replace another person who has completed the maximum term of posting
- the Dutch company to which the person is temporarily posted will not subsequently post him to work for another company
- the employee usually (in the case of agencies) or substantially (in the case of companies) carries out work for the territory of the sending state.

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If these conditions are met, the employee needs to send a form (called E101) to the competent social security authority in the expat's country of origin, which can be obtained from this authority. They may grant a so-called "Certificate of Applicable Legislation". This certificate shows that the expat is covered by his own social security system for a certain period of time. Payment of Dutch contributions is therefore not required, since the expat already contributes under the applicable foreign social security.

Changes effective May 1 2010

On May 1 2010 a new European regulation 883/2004 will come into force. It deals with the social security system that applies to employees and independent workers who live in one member state and work in another member state. The main rule is that the social security system of the country where you work applies.

However, there are a few exceptions:

- If you are seconded to another EU country, the social security system of the original EU country applies
- If you work in two EU countries for just one employer, but a substantial part of your work is in the country where you live, the social security system of the country where you live applies. This is also true if you work for two employers (at the same time or alternate) in different member states.

For persons who are currently working internationally there will be a transitional law. After May 1, 2020 their situation will change, till that time they are under the former Regulation* Current EC regulation continues to apply to the EEA countries (Norway, Liechtenstein and Iceland) and Switzerland until the new regulation has been adopted by these countries.

Compulsory insurance schemes

For those who cannot continue with social security in their original country, there are two kinds of compulsory social insurance schemes:

- National insurance systems (*volksverzekeringen*) cover all persons legally living in the Netherlands.
- Employee insurance schemes (*werknemersverzekeringen*) covering anyone employed in the Netherlands.

Everyone has to pay for this as long as they live or work in the Netherlands. You cannot get a refund of any of the contributions when you leave the Netherlands.

Contributions for national insurance schemes (*volksverzekeringen*) are income-dependent. Your employer will pay the majority of your contributions for the employee insurance schemes (*werknemersverzekeringen*), but you will also pay a proportion, deducted directly from your wage. You will need a *Burgerservicenummer* (BSN), previously called SoFi number, to register in the

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financial/tax and social system. This is a unique personal identification number for all communications with the government or with organisations who have a legal obligation to work for the public (e.g. health care organisations).

In order to apply for a BSN, you will have to make an appointment with at the Registration Office (*Dienst Burgerzaken*) in the town where you live.

EU and EEA-nationals need only to bring their legal ID (passport, European identity card or national identity card from an EU-country) but non-EEA nationals will also need to show a work permit and their residence permit should contain a statement that they are allowed to work.

National Insurance Systems

National insurance systems (*volksverzekeringen*) include:

- General Survivors Act (*Algemene nabestaandenwet, ANW*)
- General Old Age Pensions Act (*Algemene ouderdomswet, AO*)
- Child Benefit Act (*Algemene Kinderbijslagwet, AKW*)
- General Act on Exceptional Medical Expenses (*Algemene Wet Bijzondere Ziektekosten, AWBZ*)
- Social Support Act (*Wet maatschappelijke ondersteuning, WMO*)
- Work and Social Assistance Act (*Wet werk en bijstand, WWB*)
- Disability Assistance Act for Handicapped Young Persons (*Wet arbeidsongeschiktheid jonggehandicapten, Wajong*)
- Health Insurance Act (*Zorgverzekeringswet*)

General Survivors Act (*Algemene nabestaandenwet, ANW*)

The ANW governs the statutory entitlement to benefit for widows, widowers and dependent children who have lost one or both parents. The deceased spouse, partner or parent must have been insured under the ANW on the date of death. Usually, any resident in the Netherlands is automatically covered under the ANW.

Entitlement exists to an ANW survivors' benefit if the surviving relative:

- has an unmarried child under the age of 18 who does not belong to another person's household, OR
- is at least 45% disabled in respect to work, OR
- was born before 1 January, 1950.

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ANW survivors' benefit is income-dependent. Work-related-income (benefits) is deducted completely. Earned income from work is partially disregarded. Survivors' benefit always terminates at the age of 65.

Applications for ANW survivors' benefit should be submitted to the *Sociale Verzekeringsbank (SVB)*, www.svb.nl

General Old Age Pensions Act (*Algemene ouderdomswet, AOW*)

The Dutch General Old Age Pensions Act (*Algemene ouderdomswet, AOW*) provides for basic state pensions for people aged 65 and over. In addition, it includes a supplementary allowance for partners of beneficiaries who are under 65 and have either no income or an income below a certain level. The amount you receive depends on your domestic situation and on the number of years you have been insured under the scheme.

For every year that you have legally lived or worked in the Netherlands after your fifteenth birthday, you accrue 2% of the full rate of AOW pension. If you live or work in the Netherlands from your 15th to your 65th year, you will receive the full 100%. You will not normally receive AOW pension for years spent abroad, or during which you worked abroad. Usually, expats live in the Netherlands temporarily so they will not be able to get the maximum benefit.

Generally speaking, if you leave the Netherlands, you cease to be insured. However, if you continue to work for a Netherlands-based employer, you will remain insured under the AOW scheme. In that case, you do not have to do anything.

If you came to the Netherlands after the age of 15, or if your partner or children came to the Netherlands, or resettled in the Netherlands after their fifteenth year, you can still pay contributions on a voluntary basis for years during which no pension rights were accrued.

The rate of your pension also depends on your domestic situation. There are different rates for single people, single parents and married people.

The AOW makes no distinction between married couples, people in a registered partnership and unmarried couples sharing a household. You are considered to be sharing a household if you share accommodation with one other adult person and you both contribute towards the household costs or care for each other in some other way. Only if you share a household exclusively with your child, father or mother are you considered to be single.

Those who do not receive the maximum benefit and have inadequate financial resources to meet their essential living costs can get extra income via the Work and Social Assistance Act (*Wet werk en bijstand, WWB*) up to this maximum benefit.

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Applications for AOW should be submitted to the *Sociale Verzekeringsbank (SVB)*, www.svb.nl. If you are registered in a municipality in the Netherlands, you will receive a letter about the AOW application six months before you reach the age of 65.

Child Benefit Act (*Algemene Kinderbijslagwet, AKW*)

The AKW offers financial assistance to parents or guardians to help with the cost of caring for children under the age of 18. For children born before 1994, the amount of child benefit depends on the age of the child and the size of the family. This does not apply for children born after 31 December 1994.

Whether you receive child benefit for a certain child depends on whether the child lives at home or away from home, the income the child may have, the child's age and in certain cases the amount the parent contributes to the child's support. International residents can also apply for child benefit.

Applications for AKW should be submitted to the *Sociale Verzekeringsbank (SVB)*, www.svb.nl.

Care allowance for disabled children living at home (*Tegemoetkoming onderhoudskosten thuiswonende gehandicapte kinderen, TOG*)

Disabled children often need more care than children who are not disabled. If your child lives at home with you, you may qualify for a TOG care allowance.

There are some conditions, both general and medical that have to be met for a TOG allowance to be payable. For example, the child must be aged between 3 and 17, and spend at least four nights a week at home with you. In addition, the child must have a long-term illness or disorder. An independent doctor will assess your child's care requirements. On the basis of the doctor's advice, the SVB will make a decision on your claim.

General Act on Exceptional Medical Expenses (*Algemene Wet Bijzondere Ziektekosten, AWBZ*)

The AWBZ insures severe medical risks which are not covered by compulsory or private health insurance. Care has been defined in terms of six functions:

- personal care, e.g. help with bathing, dressing, shaving, eating, drinking
- nursing, e.g. giving medication, wound care, giving injections
- additional support, e.g. help in housekeeping, and maintaining a structure in everyday life
- activating support, e.g. support to be more independent and have social activities
- treatment, e.g. treatment of a depression by a psychiatrist, rehabilitation after an accident
- residence in an officially recognized AWBZ institution, such as living in sheltered accommodation.

Insured persons can, except when the issue centres on 'treatment' or 'residence', choose between care in kind or a personal budget.

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A personal budget (*Persoonsgebonden budget, PGB*) is a sum of money that you can use to purchase care, help and support for yourself. You choose your helpers and carers yourself, or you engage an organisation that will work according to your instructions. You make agreements with them on what needs to be done, the days and hours when the helper will work for you and the amount you pay from the PGB for that work.

Opting for a PGB means that you yourself arrange the help and support you receive. That has many advantages, but there is also work involved. You yourself are responsible for the following tasks:

- Looking for help providers or an agency that can provide you with help or support.
- Making arrangements and entering into agreements with help providers.
- Paying your help providers.
- Keeping financial records.

You can use your personal budget to engage a range of people and organisations to provide help and support. You must always sign written agreements with those people or organisations. In the agreements, you record what work arrangements you have made and what you will pay for the services provided. You will also need these agreements if the care administration office asks you to provide a detailed accounting as part of a random check on your records.

Choosing the right agreement calls for some care. You will be faced with questions such as whether or not to deduct tax, health insurance and national insurance contributions from your helpers and support providers. Since that can differ from one agreement to another, it is advisable to get expert advice. The budget holders' association, *Per Saldo* (www.persaldo.nl) and the PGB Service Centre of the Social Insurance Bank (www.svb.nl) can help you choose the right agreement.

A PGB is not obligatory. You can also receive help through a care body. This is called 'care in kind'. If you choose for care in kind, you do not need to keep any accounts, because the organisation decides who comes to work for you what the helpers can do and at what times.

Applications for the AWBZ should be submitted to the social services department of your municipality. They will ask the regional care assessment centre (*Centrum Indicatiestelling Zorg*), www.ciz.nl (in Dutch) to decide about the level of care you need.

Social Support Act (*Wet maatschappelijke ondersteuning, WMO*)

A new law was introduced on 1 January 2007: the Social Support Act (*Wet maatschappelijke ondersteuning, WMO*). The objective of this law is to assist people with limitations due to age, chronic disease, handicaps etc. in achieving their maximum ability to lead a "normal" life, whether they need help from friends, family or acquaintances or not.

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Possibilities are :

- household help, e.g. cleaning the house, cooking
- adaptations to/in your house, like a raised toilet or stair lift
- wheel chairs
- meals
- transportation, such as a *taxibus* for people who cannot use public transport or mobility vehicles (*scootmobiel*).

The Ministry of Health Welfare and Sports defines a framework, in which each municipality can make its own policy, based on the composition of demands of its inhabitants.

The WMO also allows people to choose between care in kind and a personal budget (*persoonsgebonden budget, PGB*). For more information about the personal budget see the section about the AWBZ.

Applications for the WMO should be submitted to the social services department of your municipality.

Work and Social Assistance Act (*Wet werk en bijstand, WWB*)

The Work and Social Assistance Act (*Wet werk en bijstand, WWB*) provides a minimum income for those who have inadequate financial resources to meet their essential living costs. People are required to support themselves to the best of their ability. The claimant is under obligation to take generally acceptable work. The same applies to the unemployed person's partner. If it proves impossible to find work, a person may apply for support from the municipal social services department. If a claimant refuses to co-operate in efforts to find employment or in the event of failure to fulfil other conditions for obtaining benefits, the municipal social department will reduce the benefits or stop them entirely.

This Act is complementary: if a person is receiving maintenance, benefits in income, the Act provides a top-up to the applicable assistance level. Assets above a certain amount are taken into consideration. If the assets are tied up in a house, the assistance will be given in the form of a loan (credit mortgage) that must be repaid once the claimant's own income is sufficient. The Act makes a distinction between:

- married couples, registered partners or cohabiters: the standard is 100% of the net minimum wage
- single parents: the standard is 70% of the net minimum wage
- single persons: the standard is 50% of the net minimum wage.

For young people between 18 and 21 years there is a different standard, based on the Child Benefit Act (*Algemene Kinderbijslagwet, AKW*.)

Applications for the WWB should be submitted to the social services department of the municipality.

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Disability Assistance Act for Handicapped Young Persons

(*Wet arbeidsongeschiktheid jonggehandicapten, Wajong*)

The *Wajong* makes provision for a minimum benefit for young handicapped people under 65 who:

- are incapacitated for work by at least 25% (i.e. cannot earn more than 75% of the minimum wage) when they reach the age of , OR
- have become incapacitated for work by at least 25% (i.e. cannot earn more than 75% of the minimum wage) after that date and who were students for at least six months in the year immediately prior to that date.

If a young handicapped person is so infirm that regular minding and care is essential, benefit may be increased to a maximum of 100% of the basis. This does not apply if the person has been admitted to an institution and the costs of this are paid for by an insurer.

A new law was introduced on 1 January 2010. If you are still able to work you should seek help from a UWV employment expert to make a participation plan. This will involve detailing what you are able to do and what support you will need. The plan will also be helpful for finding a job. Once you have drafted your participation plan a decision will be made regarding your *Wajong* benefit. Please note that the new law only applies to new applicants.

Applications for the *Wajong* have to be submitted to the Institute for Employee Benefit Schemes (*Uitvoeringsinstituut werknemersverzekeringen, UWV*), tel. 0900 9294, www.uwv.nl (in Dutch).

Health Insurance Act (*Zorgverzekeringswet, ZVW*)

There is just one health insurance system, called the *Zorgverzekeringswet (ZVW)*. It is a legal obligation for everyone who lives in the Netherlands to be insured for healthcare by a Dutch health insurer on the basis of this Act. If you have an international health insurance, please check if this insurance is accepted in the Netherlands, by calling the College for Health Insurances (*College voor Zorgverzekeringen*), tel. (020) 7978555

Health insurance companies are obligated to accept everyone for the standard package, irrespective of gender, age and health. The coverage of this standard package (*basisverzekering*) is determined by the government and is subject to ongoing review and change. This standard package (*basisverzekering*) generally covers :

- hospital care
- medication
- rehabilitation
- medical care by specialists, GPs and midwives
- paramedical care (some forms of physical therapy, speech therapy etc.)
- dental treatment for persons younger than 18

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You can choose between two types of insurance policies:

- policy in kind: the insurance company concludes sufficient contracts with health care suppliers in order to deliver health care. The insurance company pays the bill directly to the health care supplier.
- restitution policy: you choose the health care supplier yourself and pay the bills yourself, after which the health insurance company reimburses you.

It is possible to take out additional health insurance but, unlike the basic insurance policy, the insurance companies are *not* obliged to accept you for this additional insurance.

The premium consists of two parts. The first part consists of a nominal premium of an average of €1,100 (the exact amount differs per insurance company). This nominal premium includes an own risk of €155. Visits to a GP, obstetric care and maternity care will not affect this no-risk status. The other part is an income related contribution to tax authorities. This contribution must be paid by your employer. Depending on your personal situation and income, you can receive a contribution towards the health insurance premium from the tax authorities. This care allowance is called *Zorgtoeslag*.

Family members are required to take out health insurance. Partners who have no income pay only the nominal premium. Children under the age of 18 must also be insured, but are covered under their parents' premium, as long as they do not have their own income.

A complete list of all health insurance companies, their websites, addresses and telephone numbers can be found on [www.zn.nl/De branche/Links/Zorgverzekeraars/index.asp](http://www.zn.nl/De_branche/Links/Zorgverzekeraars/index.asp) (in Dutch).

For more information about the *Zorgtoeslag* call the Tax Telephone: (*Belastingtelefoon*) 0800 0543.

Employee Insurance Schemes

The employee insurance systems (*werknemersverzekeringen*) include:

- Sickness Benefit Act (*Ziektewet, ZW*)
- Unemployment Insurance Act (*Werkloosheidswet, WW*)
- Work and Income according to Labour Capacity Act (*Wet werk en inkomen naar arbeidsvermogen, WIA*)

Sickness Benefit Act (*Ziektewet, ZW*)

Employers must pay at least 70% of the salaries of sick employees for the first two years. In the first year sometimes 100% of the salaries is paid. The first two days of sick leave may be at the expense of the employee, but this must have been set out in the employee's contract or in the collective labour agreement. The employer continues paying salary until the employee has been on sick leave for 104 weeks (two years), but never longer than the contract exists.

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The Sickness Benefit Act (*Ziektewet, ZW*) serves only as a 'safety net' for employees who do not have an employer anymore and in some special situations such as:

- Employees who have lost their job in the first or second year of their sickness
- Temporary workers on sick leave who do not have a permanent contract with their employment agency
- Home workers
- Student trainee
- Unemployed persons
- Sickness prior to or following the 16 weeks of maternity benefit (female employees are entitled to benefit for pregnancy and delivery under the Work and Care Act (*Wet arbeid en zorg*) amounting to 100% of the daily wage for a period of at least 16 weeks)
- Bankruptcy of the employer responsible for continuing to pay the salary
- In the event of sickness in the first five years of having taken on a person who is partly incapacitated for work
- Sickness due to organ donation

After 104 weeks of sickness (2 years), a review takes place to determine whether the employee qualifies for the benefit under the Work and Income according to Labour Capacity Act (*Wet Werk en Inkomen naar Arbeidsvermogen, WIA*).

Applications for benefit under the Sickness Benefit Act (*Ziektewet, ZW*) have to be submitted to the Institute for Employee Benefit Schemes (*Uitvoeringsinstituut Werknemersverzekeringen, UWV*), 0900 9294, www.uwv.nl (in Dutch).

Unemployment Insurance Act (*Werkloosheidswet, WW*)

The Unemployment Insurance Act (*Werkloosheidswet, WW*) insures employees younger than 65 years who become unemployed, against the financial consequences of unemployment. Entitlement to benefit is based on a person having been employed for a period of at least 26 weeks over the 36 weeks prior to becoming unemployed ('weeks requirement'). A person who satisfies only the 'weeks requirement' for a period of six months (or 70% of the daily wage if this is less than the minimum wage), receives a short term benefit for a period of three months. For the first two months the benefit is 75% of the minimum wage (or 75% of the daily wage if this is less than the minimum wage). For the third month the benefit is only 70%.

In order to become entitled to salary-related benefit (which is 70% of one's last salary) wages must have been received over 52 days or more in at least four of the five calendar years prior to the year in which the person became unemployed ('four out of five requirement')

The duration of salary-related benefit depends on the person's employment record, up to a maximum of three years and two months.

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Each month, 8% of a person's unemployment benefit is set aside for payment of a holiday allowance in May.

All WW benefit recipients must apply for jobs and accept suitable work offered and apply for jobs. *UWV Werkbedrijf* (previously called CWI) will make agreements with every unemployed person about finding a new paid job. The person's individual situation and his opportunities will have a central role. A reintegration coach will accompany the unemployed person. After 3 months of unemployment the efforts taken by the unemployed person to find a new paid job will be judged. If agreements are not met the UWV can decide to reduce the unemployment benefit.

If an unemployed person finds a job before the end of his unemployment benefit and afterwards becomes unemployed again within 26 weeks his benefit will be continued.

The UWV must refuse payment of all unemployment benefits if the applicant is culpably unemployed. If the applicant is not predominantly to blame for his unemployment, the benefits wi

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It will be refused partially on a temporary basis. If an applicant refuses to accept suitable employment, the UWV will be obliged to refuse payment of benefits for the number of offered hours of work.

Applications for the Unemployment Insurance Act (*Werkloosheidswet, WW*) have to be submitted to the *UWV Werkbedrijf* (previously called CWI), www.werk.nl (in Dutch). First, they check if a job is available. If no work is available, the application will be forwarded to the Institute for Employee Benefit Schemes (*Uitvoeringsinstituut Werknemersverzekeringen, UWV*), tel. 0900 9294, www.uwv.nl (in Dutch).

Work and Income according to Labour Capacity Act

(*Wet werk en inkomen naar Arbeidsvermogen, WIA*)

In January 2006, the Dutch government replaced the Disability Insurance Act (WAO) with the Work and Income according to Labour Capacity Act (WIA). The WIA consists of two legal provisions:

- the regulation governing income protection for people registered as completely incapable of work due to disability (*Regeling inkomensvoorziening volledig arbeidsongeschikten, IVA*)
- the regulation governing the re-employment of people with a partial disability (*Regeling werkhervatting gedeeltelijk arbeidsongeschikten, WGA*).

The period of sick leave during which the statutory wage will continue to be paid is two years. During this period, both the employer and the disabled worker must do all they can to improve the worker's chances of returning to work and to make use of all opportunities to reintegrate the worker into the employment process. After two years there is a review for WIA qualification.

Under the new Act, a fundamental distinction will be made between employees who are both fully and permanently disabled after two years and those who are temporarily disabled. This distinction is based on differences in earning capacity. An employee who is both fully and permanently incapacitated is no longer able to earn their own living; due to sickness, their work capacity has diminished to less than 20% income protection under the regulation governing income protection for individuals registered as completely disabled (*Regeling inkomensvoorziening volledig arbeidsongeschikten, IVA*). A person can also qualify for IVA before the two years of sick leave have expired if it is clear that the relevant criteria have been met (i.e. the individual is totally and permanently incapacitated). The IVA is 75% of the last full daily wage.

Employees with a partial occupational disability can be divided into employees who after two years of sick leave are less than 35% disabled and employees with a substantial occupational disability, i.e. who are at least 35% incapacitated. Employers are responsible for maximising the employment capacity of employees who are less than 35% occupationally disabled. After two years of sick leave, workers who are partially disabled (at least 35%) may qualify for disability benefits under the regulation governing the re-employment of partially disabled workers (*Regeling werkhervatting gedeeltelijk arbeidsongeschikten, WGA*). This consists initially of a wage-related payment phase of 70% of the (maximum) daily wage, to be paid for a certain period depending on the individual's employment history. After this, partially disabled people who are unemployed will be entitled to

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benefits which – depending on the degree of disability – are equivalent to 70% of the minimum wage. Partially disabled employees who are working (to a satisfactory degree) can apply for a wage supplement which amounts to 70% of the difference between the individual's (maximum) daily wage before getting disabled and his current work-related income.

Applications for the WIA have to be submitted to the Institute for Employee Benefit Schemes (*Uitvoeringsinstituut Werknemersverzekeringen, UWV*), tel. 0900 9294, www.uwv.nl.

Other National and Employee Insurance Schemes

In this ACCESS Guide the most important national and employee insurance schemes have been described. There are however more social security regulations, including:

- Supplementary Benefit Act (*Toeslagenwet, TW*)
- Work and Artist Income Act (*Wet Werk en Inkomen Kunstenaars, WWIK*)
- Maternity leave (*zwangerschapsverlof*)
- Parental leave (*ouderschapsverlof*)
- Caring leave (*zorgverlof*)
- Adoption leave (*adoptieverlof*)
- Emergency leave (*calamiteitenverlof*)
- Life course saving schemes (*levensloopregeling*)

If you want more information about these or other social security regulations, please contact the Ministry of Social Affairs and Employment, (*Ministerie van Sociale Zaken en Werkgelegenheid*) tel. 0800 8051, www.szw.nl.

Sources

Publications

Dutch social security system explained

www.expatica.com/source/site_article.asp?channel_id=&story_id=1704

Holland Handbook: the indispensable reference book for expatriates in the Netherlands

Edition 2009-2010

Xpat media, 2009

ISBN 978 5594 652 5

New system for health insurance as of January 1, 2006

In: The Xpat Journal, October/November 2005, p. 8-10

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Should you opt for Dutch social security?

www.expatica.com/nl/housing/relocation/should-you-opt-for-dutch-social-security--774.html

A short survey of social security in the Netherlands

Summary as of 1 January 2010

A joint publication by the Communications Department of the Ministry of Social Affairs and Employment and the Public Relations Department of the Ministry of Health, Welfare and Culture.

Organisations

Most of the websites listed here are in Dutch.

- Centrum Indicatiestelling Zorg (CIZ), www.ciz.nl
- UWV Werkbedrijf (previously called CWI), www.werk.nl
- Ministry of Social Affairs and Employment, tel. 0800 8051, www.szw.nl (part of the website is also available in English)
- National Tax Information Line (*belastingtelefoon*), tel. 0800 0543
- Per Saldo, tel. 0900 742 48 57, www.pgb.nl (part of the website is also available in English)
- Sociale verzekeringsbank, tel. (020) 656 5656, www.svb.nl (part of the website is also available in English)
- Uitvoeringsinstituut Werknemersverzekeringen (UWV), tel. 0900 9294, www.uwv.nl
- Zorgverzekeraars Nederland, www.zn.nl/international

Abbreviations

ANW	<i>Algemene Nabestaanden Wet</i>	General Survivors Act
AOW	<i>Algemene Ouderdomswet</i>	General Old Age Pensions Act
AWBZ	<i>Algemene Wet Bijzondere Ziektekosten</i>	General Act on Exceptional Medical Expenses
BSN	<i>Burger Service Nummer</i>	Civil Service Number
CIZ	<i>Centrum indicatiestelling zorg</i>	Centre Indication Care
IVA	<i>Regeling inkomensvoorziening volledig arbeidsongeschikten</i>	Regulation governing income protection for people registered as completely incapable of work due to disability
PGB	<i>Persoonsgebonden budget</i>	Personal budget
SVB	<i>Sociale Verzekeringsbank</i>	Social Insurance Bank
TOG	<i>Tegemoetkoming onderhoudskosten thuiswonende gehandicapte kinderen</i>	Regulations governing contributions towards the upkeep of disabled children at home
TW	<i>Toeslagenwet</i>	Supplementary Act
UWV	<i>Uitvoeringsinstituut Werknemersverzekeringen</i>	Institute for Employee Benefit Schemes
Wajong	<i>Wet arbeidsongeschiktheid jonggehandicapten</i>	Disability Assistance Act for Handicapped Young Persons
WGA	<i>Regeling werkhervatting gedeeltelijk arbeidsongeschikten</i>	Regulation governing the re-employment of people with a partial disability
WIA	<i>Wet werk en inkomen naar arbeidsvermogen</i>	Work and Income according to Labour Capacity Act

Social Security

ACCESS guides available for downloading, free of charge, from the ACCESS website:

- Banking
- Childcare and playgroups
- Food from home
- Health care
- Housing and accommodation
- Inheritance and wills
- International primary and secondary education
- Learning the Dutch language
- Marriage , registered partnership, cohabitation and ending a relationship
- Obtaining a driving license in the Netherlands
- Post Office
- Public Transport
- Social Security
- Starting your own business
- Studying in the Netherlands
- Telephone, internet and television
- What to do when leaving the Netherlands
- Working in the Netherlands

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