Old Age, Disability, and Survivors

Regulatory Framework

First law: 1922.

Current laws: 1995 (disability); 1996 (mandatory pension insurance); 1998 (nonstate pension funds); 2001 (public pensions); 2001 (labor pensions); 2001 (mandatory pension insurance); 2002 (early labor pension); 2002 (insurance period); 2002 (investments); 2004 (tax code), implemented in 2005; and 2009 (social insurance contributions), implemented in 2010.

Type of program: Social insurance, notional defined contribution (NDC), individual accounts, and social assistance system.

Coverage

Employed citizens, self-employed persons, and independent farmers.

Special systems for civil servants, military personnel, police officers, war veterans, and other specified groups.

The individual account covers persons born in 1967 or later.

Source of Funds

Insured person: None.

Self-employed person: In general, a monthly contribution of 10,392 rubles. Different contribution rates apply for certain specified categories of self-employed person.

Employer: 26% of payroll.

The maximum annual earnings used to calculate contributions are 415,000 rubles.

Government: The total cost of social pensions and special pensions for specified groups. Regional and local governments may finance supplementary benefits out of their own budgets.

Qualifying Conditions

Old-age pension

Old-age labor pension: Age 60 (men) or age 55 (women) with at least 5 years of coverage.

The qualifying conditions are reduced for persons who have worked in the far-north region or in hazardous or dangerous work, for mothers who have five or more children or children with disabilities, and for some specified professional categories.

Unemployed workers aged 58 or 59 (men) or aged 53 or 54 (women) with no possibility of finding work, subject to the approval of the Employment Agency.

Age 50 with at least 20 years of work (men) or age 45 with at least 15 years of work (women), including 10 years (men) or 7.5 years (women) in an unhealthy work environment, underground, or in hot workshops.

Age 55 with at least 25 years of work (men) or age 50 with at least 20 years of work (women), including 12.5 years (men) or 10 years (women) in an unhealthy work environment. (The required number of years of work in an unhealthy work environment may vary according to circumstances and profession.)

There is no lower age limit for teachers who have worked with children for 25 years and for medical workers employed in health care institutions in cities for 30 years or in villages for 25 years.

Deferred pension: The pension may be deferred. The maximum deferral period depends on the year of retirement.

Retirement is not necessary. There is no income test for a working pensioner.

State length-of-service pension: A supplement to the old-age labor pension is paid to state employees, military personnel, and police officers with at least 15 years of service.

The pensions are payable abroad in accordance with national legislation and reciprocal agreements.

State social pension: Age 65 or older (men) or age 60 or older (women).

The state social pension is not payable abroad.

Retirement is not necessary. There is no income test for a working pensioner.

Disability pension

Disability labor pension: The insured must have been previously employed. The pension is calculated according to three assessed degrees of disability: 100% loss of working capacity and requires constant attendance (Group I); 100% loss of working capacity and does not require constant attendance (Group II); 50% loss of working capacity and does not require constant attendance (Group III).

State disability pension: There is no minimum qualifying period for persons younger than age 20 whose disability is due to a general illness or for any disability resulting from a severe work injury, an occupational disease, or military service.

The state disability pension is payable abroad in accordance with national legislation and reciprocal agreements.
**Survivor pension**

**Survivor labor pension**: Paid irrespective of the deceased’s length-of-service period and coverage periods. Eligible survivors are widows older than age 55 (widowers older than age 60) or unemployed and caring for children younger than age 14 or disabled; children up to age 18 (age 23 if a student, no limit if disabled before age 18); brothers and sisters up to age 18; and grandfathers aged 61 or older and grandmothers aged 56 or older. The pension does not cease on the remarriage of a widow. The survivor labor pension is payable abroad in accordance with national legislation and reciprocal agreements.

**Social survivor pension**: Paid if the deceased was not eligible for a contributory pension. The social survivor pension is not payable abroad.

**Old-Age Benefits**

**Old-age labor pension**: The benefit is calculated as the sum of three components: a basic flat-rate benefit according to the category of beneficiary, a benefit based on the notional account, and a benefit based on the value of the individual account. Calculations are based on a projected life expectancy at retirement of 192 months (rising to 228 months by 2013). The individual account benefit is based on the insured’s contributions plus interest and will be paid as of 2013.

The basic monthly flat-rate amount for a pensioner younger than age 80 with no dependents is 2,522 rubles; 3,416 rubles with one dependent; 4,270 rubles with two dependents; 5,124 rubles with three or more dependents.

The basic monthly flat-rate amount for a pensioner age 80 or older with no dependents is 5,124 rubles; 5,978 rubles with one dependent; 6,832 rubles with two dependents; 7,686 rubles with three or more dependents.

Deferred pension: Calculated in the same way as the old-age pension.

State length-of-service pension: The benefit is calculated according to the length of state service and the value of wages earned.

**State social pension**: The amount of the social pension is a percentage of the basic flat-rate component of the labor pension.

Benefit adjustment: Benefits are adjusted according to the rate of inflation and increases in the average wage.

**Permanent Disability Benefits**

**Disability labor pension**: The benefit is calculated as the sum of two components: a basic flat-rate benefit according to the category of beneficiary and a benefit based on the notional account. Calculations are based on a projected life expectancy at retirement of 192 months (rising to 228 months by 2013) and a contribution period adjustment factor for younger insured persons. For a pensioner without dependents, the basic monthly flat-rate amount is 5,124 rubles (Group I), 2,562 rubles (Group II), or 1,281 rubles (Group III). For a pensioner with one dependent, 5,978 rubles (Group I), 3,416 rubles (Group II), or 2,135 rubles (Group III). For a pensioner with two dependents, 6,832 rubles (Group I), 4,270 rubles (Group II), or 2,989 (Group III). For a pensioner with three or more dependents, 7,686 rubles (Group I), 5,124 (Group II), or 3,843 (Group III).

**State disability pension**: Benefits are set by the government according to categories of beneficiaries (and increased according to the number of dependents).

Benefit adjustment: Benefits are adjusted according to the rate of inflation and increases in the average wage.

**Survivor Benefits**

**Survivor labor pension**: The benefit is calculated as the sum of two components: a basic flat-rate benefit according to the category of beneficiary and a benefit based on the notional account. Calculations are based on a projected life expectancy of 192 months (rising to 228 months by 2013), the number of survivors, and a contribution period adjustment factor for younger insured persons.

The basic monthly flat-rate benefit for full orphans is 2,723 rubles (April 2010) per child; for other dependent family members, 1,361 rubles (April 2010). The pension is split equally among all eligible survivors.

**Social survivor pension**: The pension is set by the government according to different categories of beneficiaries. The pension is split equally among all eligible survivors.

Benefit adjustment: Benefits are adjusted according to the rate of inflation and increases in the average wage.

**Administrative Organization**

Pension Fund of the Russian Federation (http://www.pfrf.ru) and its regional bodies administer benefits.

Ministry of Health and Social Development (http://www.minzdravsoc.ru) is responsible for policy development.

**Sickness and Maternity**

**Regulatory Framework**

**First law**: 1912.

**Current laws**: 1991 (medical insurance), 1995 (child benefits), 1999 (mandatory social insurance), 2001 (labor code), and 2006 (sickness and maternity benefits).

**Type of program**: Social insurance (cash benefits) and universal (medical benefits) system.
Russia

Coverage
Cash benefits: Employed citizens.
Medical benefits: All citizens and refugees.

Source of Funds
Insured person
Cash benefits: None.
Medical benefits: None. (The insured may contribute to voluntary supplementary medical and maternity insurance. The contribution rates vary by plan.)

Self-employed person
Cash benefits: Not applicable.
Medical benefits: None. (The self-employed person may contribute to voluntary supplementary medical and maternity insurance. The contribution rates vary by plan.)

Employer
Cash benefits: 2.9% of payroll.
Medical benefits: 5.1% of payroll.
Employer medical benefits contributions also finance family allowances.

Government
Federal and local governments provide partial funding for medical benefits.

Qualifying Conditions
Cash and medical benefits: There is no minimum qualifying period. For the childbirth grant, the claimant must register with a medical establishment at the beginning of the pregnancy.

Sickness and Maternity Benefits
Sickness benefit: The benefit varies according to the length of the coverage period: 60% of current earnings is paid with less than 5 years of coverage; 80% with 5 to 8 years; 100% with more than 8 years (or if the insured has three or more dependent children).
For the care of a sick child younger than age 7, the benefit is provided for the period of sickness, up to 60 days a year; for a child younger than age 15, for 15 to 45 days a year; for a family member older than age 15, for 7 to 30 days a year.
The minimum benefit is 100% of the minimum wage.
The minimum wage is 4,330 rubles.
The maximum benefit is 18,720 rubles.
Funeral grant: A lump sum of up to 4,000 rubles is paid, depending on local government financial resources.
Maternity benefit: 100% of the insured’s gross earnings in the last 12 months is paid for 70 days before the expected date of childbirth and 70 days after childbirth; may be extended by an additional 14 or 40 days in certain cases. The maximum benefit is 25,390 rubles.

Childbirth grant: A lump sum of 9,989.86 rubles is paid. The local government pays an additional sum.

Pregnancy registration supplement: 374.62 rubles is paid when the pregnancy is registered in the first 12 weeks.

Adoption grant: The benefit must not exceed 23,400 rubles (September 2007).

Child care leave benefit (monthly): The benefit is paid to insured or unemployed parents until the child is aged 18 months. The benefit is 40% of the insured’s average wage in the last 12 months and is at least 1,873.10 rubles for the first child and 3,746.20 rubles for the second and subsequent children.
The maximum monthly benefit is 7,492.40 rubles.

Parents of a child with a disability also receive benefits for 4 vacation days per month.

Workers’ Medical Benefits
Compulsory medical insurance covers medical services provided directly to patients by public and private health providers. Benefits include general, preventive, and emergency care; hospitalization; laboratory services; dental care; maternity care; vaccinations; and transportation.
Cost sharing: Medicines prescribed during hospitalization are provided free or at reduced rates to persons with certain categories of illness, persons with disabilities, and war veterans.
Voluntary medical insurance covers specialized care, expensive medicines, and appliances.
Some categories of the population, including the elderly, persons with disabilities, and war veterans, may receive cash compensation for some medicines.

Dependents’ Medical Benefits
Compulsory medical insurance covers medical services provided directly to patients by public and private health providers. Benefits include general, preventive, and emergency care; hospitalization; laboratory services; dental care; maternity care; vaccinations; and transportation.
Cost sharing: Medicines prescribed during hospitalization are provided free or at reduced rates to persons with certain categories of illness, persons with disabilities, and war veterans.
Voluntary medical insurance covers specialized care, expensive medicines, and appliances.
Some categories of the population, including the elderly, persons with disabilities, and war veterans, may receive cash compensation for some medicines.
Russia

Administrative Organization

Cash benefits
Social Insurance Fund of the Russian Federation (http://www.fss.ru) and regional social insurance funds administer cash sickness and maternity benefits.
Regional departments of social protection administer maternity benefits for the unemployed and other nonworking citizens.

Medical benefits
Ministry of Health and Social Development (http://www.minzdravsoc.ru) and regional health departments implement state health care policy and develop health care programs.
Federal Compulsory Medical Insurance Fund (http://www.ffoms.ru) implements health care policy within the state social insurance system and administers the financing of medical insurance programs.
Medical services are provided through clinics, hospitals, maternity homes, and other medical facilities, including private health care providers.
Regional governments administer medical insurance.

Work Injury

Regulatory Framework
First law: 1903.
Current laws: 1998 (work injury and occupational diseases), implemented in 2000; 2001 (labor code); 2005 (risk classification); 2008 (Social Insurance Fund budget); and 2008 (contributions).

Type of program: Social insurance system.

Coverage
Employed citizens, prisoners, and persons employed under an agreement that requires the employer to pay contributions to the Social Insurance Fund for work injury and occupational disease benefits.
Exclusions: Self-employed persons.

Source of Funds
Insured person: None.
Self-employed person: Not applicable.
Employer: From 0.2% to 8.5% of payroll according to 32 classes of professional risk related to 22 industry categories. Employers may finance supplementary benefits out of their own budgets.
Government: None. Regional and local governments may finance supplementary benefits out of their own budgets.

Qualifying Conditions
Work injury benefits: There is no minimum qualifying period.

Temporary Disability Benefits
Temporary disability benefit: The benefit is 100% of average gross earnings and is paid from the first day of incapacity until the insured is fully rehabilitated.
Average gross earnings are based on earnings immediately before certification of the degree of disability.
The Medical and Social Assessment Office assesses the degree of disability at least once a year.
Lump-sum compensation: A lump sum of up to 58,500 rubles is paid to insured workers, according to the loss of working capacity.
A monthly benefit is paid for a non-permanent, prolonged loss in working capacity based on the average wage in the last 12 months and the assessed loss of working capacity.

Permanent Disability Benefits
Permanent disability pension: The pension depends on the assessed degrees of disability.
The minimum level of assessed disability for entitlement to benefits varies from 10% to 30%.
The maximum benefit is 45,020 rubles a month and is set annually by the Social Insurance Fund.
The Medical and Social Assessment Office assesses the degree of disability at least once a year.
Constant-attendance allowance: 900 rubles per month is paid to those requiring special medical care; 225 rubles for daily attendance.

Workers’ Medical Benefits
Compulsory medical insurance covers medical services provided directly to patients by public and private health care providers. Benefits include general, preventive, and emergency care; hospitalization; laboratory services; dental care; transportation; free appliances and medicine; and the cost of professional rehabilitation.
Specialized care may be provided under voluntary supplementary coverage offered by the employer.

Survivor Benefits
Survivor pension: Paid on the death of the insured as the result of a work injury or an occupational disease. The benefit is calculated as the sum of two components: a basic flat-rate benefit according to different categories of survivor and a benefit based on the notional account and on the number of eligible survivors.
Lump-sum compensation: In addition to the pension, a lump sum of 58,500 rubles is paid and split equally among all entitled survivors.

Death grant: A lump sum of up to 1,000 rubles is paid. (The employer may pay an additional benefit.)

Administrative Organization

Enterprises and employers pay benefits to employees.


Ministry of Health and Social Development (http://www.minzdravsoc.ru) administers the provision of medical services through clinics, hospitals, maternity homes, and other medical facilities, including private health care providers.

Regional health departments implement and administer state health care policies and programs.

Regional employment services administer and finance the program.

Unemployment

Regulatory Framework
First law: 1921.
Type of program: Social insurance and social assistance system.

Coverage
Citizens aged 16 to 59 (men) or aged 16 to 54 (women).

Source of Funds
Insured person: None.
Self-employed person: None.
Employer: None.

Government: Financed from federal and local government budgets. Regional and local governments may finance supplementary benefits for unemployed persons and their dependents out of their own budgets.

Qualifying Conditions
Unemployment benefits: Must be registered at an employment office, have 26 weeks of full-time employment in the last 12 months (or the 26-week equivalent for part-time employment), and be willing and able to work.

Benefits may be reduced, postponed, suspended, or terminated if the worker is dismissed because of misconduct, leaving employment without good cause, violating conditions for job placement or vocational training, or filing a fraudulent claim.

Unemployed persons who do not meet the coverage conditions or persons who have never worked may be eligible for reduced benefits.

Unemployment Benefits
Unemployment benefit: Benefits are calculated as a percentage of previous average wages and are paid for up to 12 months. The benefits decrease over time: 75% of the previous average monthly wage is paid for the first 3 months; 60% for the next 4 months; and 45% for the last 5 months.

For a second 12-month period, the monthly benefit is 30% of the local minimum subsistence level.

The minimum monthly benefit is 850 rubles.
The maximum monthly benefit is 4,900 rubles.

For unemployed persons who do not meet the coverage conditions or for persons who have never worked, the benefit is 30% of the regional minimum subsistence level for the first 6 months and 20% of the regional minimum subsistence level for the next 6 months, but not less than 100 rubles per month.

Dependent’s supplement: The benefit is increased by 10% of the regional minimum subsistence level, up to 30%. If both parents are unemployed, both are entitled to claim a supplement for the same dependent.

The benefit is increased by 10% of the regional minimum subsistence level for victims of radiation and persons living in radiation-contaminated zones.

Early pension: Paid to unemployed older workers aged 58 to 59 (men) or aged 53 to 54 (women). (The benefit is the same as the old-age labor pension under Old Age, Disability, and Survivors.)

Family Allowances

Regulatory Framework
First law: 1944.
Current laws: 1995 (child benefits), 2004 (cash compensation), 2005 (social insurance fund), and 2006 (families with children).
**Type of program:** Social insurance and social assistance system.

**Coverage**
Children younger than age 16 (up to age 18 if a full-time student).

**Source of Funds**
- **Insured person:** None.
- **Self-employed person:** None.
- **Employer:** See source of funds under Sickness and Maternity. Employers may finance supplementary benefits out of their own budgets.
- **Government:** Federal and local government budgets subsidize the cost of benefits. Regional and local governments may finance supplementary benefits out of their own budgets.

**Qualifying Conditions**
- **Child allowances:** Paid to families with income below the locally determined minimum subsistence level. The child must reside in the household.
- **Family (maternity capital) grant:** Paid 3 years after the birth or adoption of the second child.

**Family Allowance Benefits**
- **Child allowances:** The allowance varies according to geographic region and is paid for each child from age 18 months to age 16 (up to age 18 if a full-time student). Supplements are paid if a parent fails to pay alimony. Single parents receive twice the child allowance.
  A parent caring for a sick child receives 60% to 100% of wages for the first 7 days of illness; thereafter, 30% of wages (50% for single mothers) until the child’s full recovery.
- **Family (maternity capital) grant:** 343,338.80 rubles is paid.

**Administrative Organization**
- Ministry of Health and Social Development (http://www.minzdravsoc.ru) provides general oversight of the program.
- Regional and local departments of social protection pay benefits.
- Pension Fund of the Russian Federation (http://www.pfrf.ru) and its regional bodies administer family (maternity) grants.