

# RISK INSURANCE OF DISEASE OR DISABILITY IN THE ROMANIAN UNIFIED PUBLIC PENSION SYSTEM

Mihaela FLORUȚI (VASIL), Afilon JOMPAN

"Vasile Goldiș" Western University Arad, Faculty of Medicine, Pharmacy and Dentistry, Romania

**ABSTRACT.** This work presents laws, procedures and conditions that must be fulfilled in order to benefit from the insurance in the public pension system of disease risk and the benefits of the system. The case study, the statistical report of pensioners in a certain degree of disability in Arad, justify continuous concern to improve the efficiency of medical expertise because of its influence on the state social insurance budget in Romania.

**Keywords:** disability, work capacity, medical expertise, degree of disability, social insurance

## INTRODUCTION

The main form of social insurance is the right to a pension, and, in Romania, the emergence and evolution of the public pension system overlaps with the evolution of social insurance.

The need for social insurance law, and therefore pension, appeared in the late nineteenth century as a result of industrial development, considered as a source of work accidents and occupational diseases. Initially, only temporary disability aids were granted, invalidity pensions and survivor pensions of the deceased for the reasons mentioned above, subsequently appearing the old-age pensions (Sistita N. et al).

The right to social insurance is guaranteed by the state and shall be exercised in accordance with the law, the public pension system and other social insurance rights.

The public pension system is organized and operates with the basic principles:

a) the principle of uniqueness, according to which the state organizes and ensures the public based on the same rules of law;

b) the principle of equality, which ensures to all participants of the public system, taxpayers and beneficiaries, a non-discrimination treatment in terms of rights and obligations under the law;

c) the principle of social solidarity, whereby participants in the public system assume mutual obligations and enjoy rights meant to prevent, mitigate or eliminate social risks provided by law;

d) the principle of compulsoriness, according to which individuals and businesses are, by law, required to participate in the public system of social security rights by exercising the correlative obligations;

e) the contributory principle, according to which social insurance funds are based on contributions from individuals and businesses from participating in the public system of social security rights due on the basis of social security contributions paid;

f) the principle of distribution, whereby funds are redistributed made to pay the obligations of the public according to law;

g) the principle of autonomy based on independent administration of the public system, ( Daniela Ciubotaru, Ștefan Ene );

In relation to job requirements and the degree of reduction in work capacity, disability is:

a) of first degree, characterized by total loss of ability to work, the ability to self, the self-conduction or spatial orientation, disability requiring constant care or supervision from another person;

b) of second degree, characterized by total loss of working capacity, with the ability to help themselves invalid, to manage oneself and to orient space without the help of another person;

c) of third degree, characterized by the loss of at least half the capacity, disability being able to perform an occupation.

The framing of disability degree is made by a specialist physician in the cabinets of medical expertise. (Daniela Ciubotaru, Ștefan Ene)

## MATERIALS AND METHODS

Entitled to disability pension, in accordance with Law no. 263/2010, are the insured who have lost at least half of their ability to work due to work accidents and occupational diseases, neoplasias/malignancies, schizophrenia and AIDS, and accidents or common diseases, unrelated to work.

Documents required for enrollment in disability/invalidity pension are:

- work book (book work for farmers or social insurance card if applicable), original and copy
- civil status documents (identity card or ID card, birth certificate and marriage certificate), in original and copy
- service record/military ID, in original and copy
- graduation diploma and transcripts, in original and copy
- proof of the contribution period in specialized military personnel, in original
- certificate on the length of employment in other systems integrated into the public system, the original

- certificate of permanent increments governed by law or by collective agreement/ individual work, in original

- certificate on the length of employment in group I or II work, in special conditions, special and other working conditions, in original

- certificate on length of employment after January 1, 2011, original

- medical decision on ability to work, in original

- certificate proving the date of termination indemnity payment for temporary disability or medical leave last certified copy or certificate proving the date of termination of the insured, as applicable, in original

- copy of the registration form of the work accident) or declaration sheet in the case of BP2 occupational disease, accident at work or occupational disease

- other documents which prove the elements necessary to establish pension rights, prepared in accordance with the law, in original

The legislative framework for the work of medical expertise and work capacity recovery and framing of disability is provided by:

Primary legislation:

- Law no. 263/2010 on the unitary public pension changes and additions;

- Law amending the Law nr.263/2010 nr.37/21013 penru the unified public pension system

Secondary legislation:

- GD 257/2011 for approval of the application of Law no. 263/2010 on the unitary public pension changes and additions;

- GD 155/2011 for the approval criteria and rules for clinical diagnostic and functional assessment of work capacity on which the classification is made in the first, second and third degree of disability;

- social assistance legislation;

- official/formal monitors.

Other documents, including internal regulations:

- Regulation of organization and functioning of the CNPP

- Regulation of internal organization.

- Job descriptions.

## RESULTS AND DISCUSSIONS

The purpose of this activity is the applicant's medical expertise of a disability pension for assigning it to a degree of disability, or a finding of preserving her ability to work.

The procedure aims at framing the degree of disability only if there is total loss or at least half of the work capacity in order to apply for disability pension.

Required documents:

- a request for medical expertise of working capacity ( Annex no. 10 of GD 257/2011 )

- medical records showing affections presented the results of investigations required to support the clinical

diagnosis and functional ( clinical form and stage of disease evolution);

- certificate from the employer stating the number of days of sick leave accumulated in the last 12/24 months , indicating the last days of sick leave ;

- document indicating the date of their disability

- document showing the cause of disability, if applicable:

- BP2/certificate confirmation sheet issued by the Public Health Department in case of occupational disease;

- FIAM/ the minutes advised/endorsed by the Territorial Labor Inspectorate that confirmed the nature of the accident or employment certificate confirming the registration work accident to the Labor Inspectorate in the event of an accident at work;

- medical documents issued by specialized doctors to confirm the diagnosis in cases of schizophrenia / cancer / AIDS for neoplastic disease and histopathological examination is attached;

- certificate issued by the medical-military committee in the event of accident or illness contracted during times because of military service or military schools;

### *The main sub-activities*

- Advising disability retirement by your designated doctor/physician

- Approval of sick leave for preceding disability retirement.

- Verification and assessment of medical record documents.

- Request conducting medical investigations to specialized health care facilities, as appropriate.

- Convening the applicant to the cabinet of medical expertise, according to assignation.

- Consideration of the applicant.

- Completion of the expertise report, drawing of recovery program of the work capacity and deadline for review.

- Issuance of medical decision for admission to degree of disability.

- Record the decision in the single register of records.

- Registration deadline for revising the timetable register.

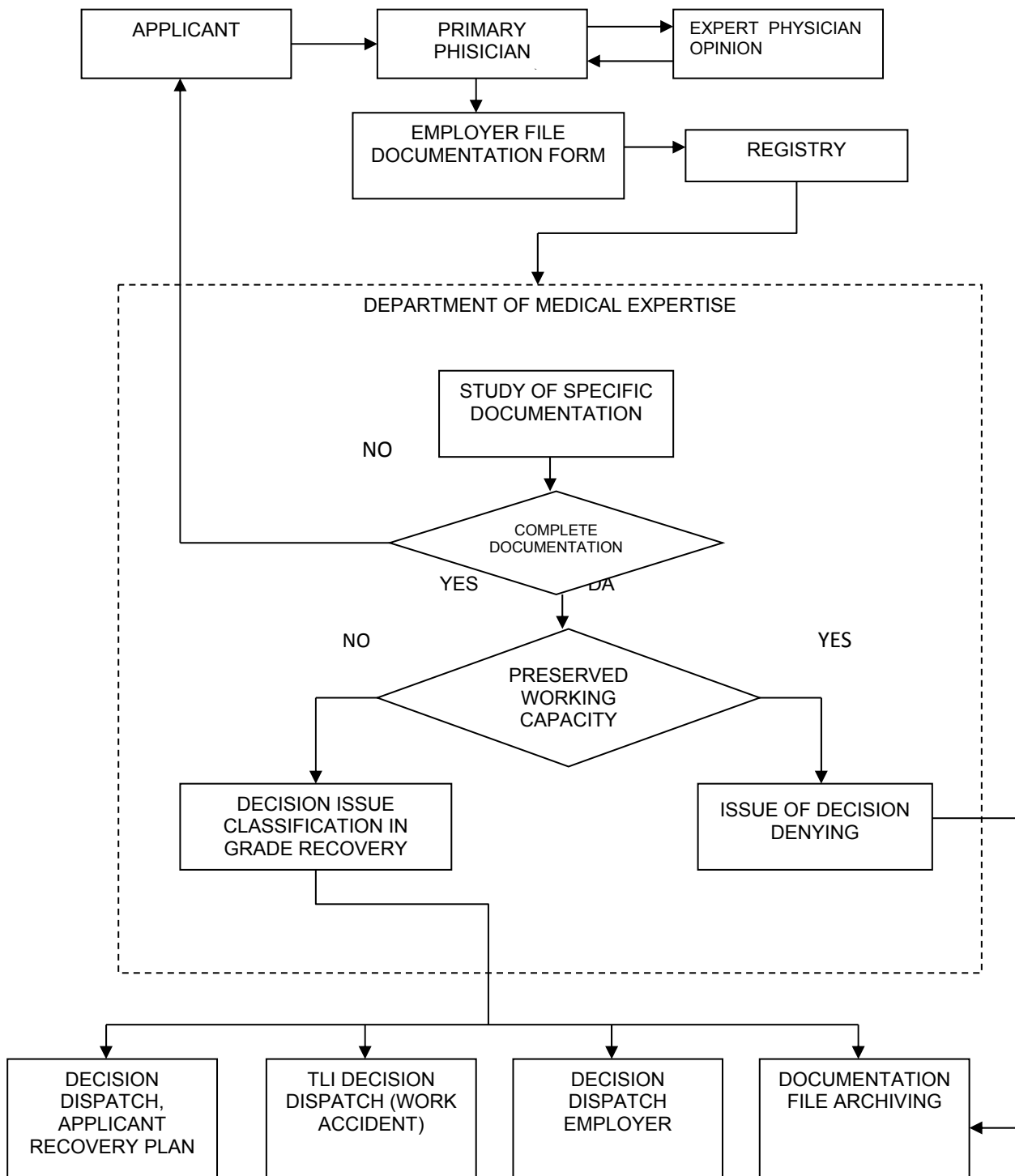
- Prepare forms dispatch medical decision or hand delivery as appropriate.

- Archiving of medical records

- Disability pension applicant shows employer medical decision

- The employer prepares the file and submit it to the Pension county of residence of the applicant for invalidity

- Issue disability pension decision or decision to reject the application



Retirement decision may be appealed within 30 days, to the Pension Fund which issued it. Following verification of the appeal and pension file, a Presentation note is made that will be sent along with the file to the National Contestations Commission. In this issue of appeals decision is communicated both to the complainant, and the County Pension House. They may be appealed within 30 days of the communication to the competent court. Until 1 January 2011, the date

on which the provisions of Law nr.263/2010, medical record was drawn up by the doctor who treated the applicant for framing the disability degree. This file was submitted to the Cabinet of medical expertise and work capacity recovery the applicant was ascribed to and the decision was issued by the expert medical doctor. It did not go through the approval procedure. Disability pension decision was appealed directly to the

competent court, without being checked by the National Commission of Enquiry.

**Medical review activity of working capacity**

The activity of medical review activity involves maintaining the work capacity, changing the degree of disability or, if appropriate, declare regain working capacity of disabled pensioners.

The procedure aims at assessing the work capacity of disability pensioners in evolution between review

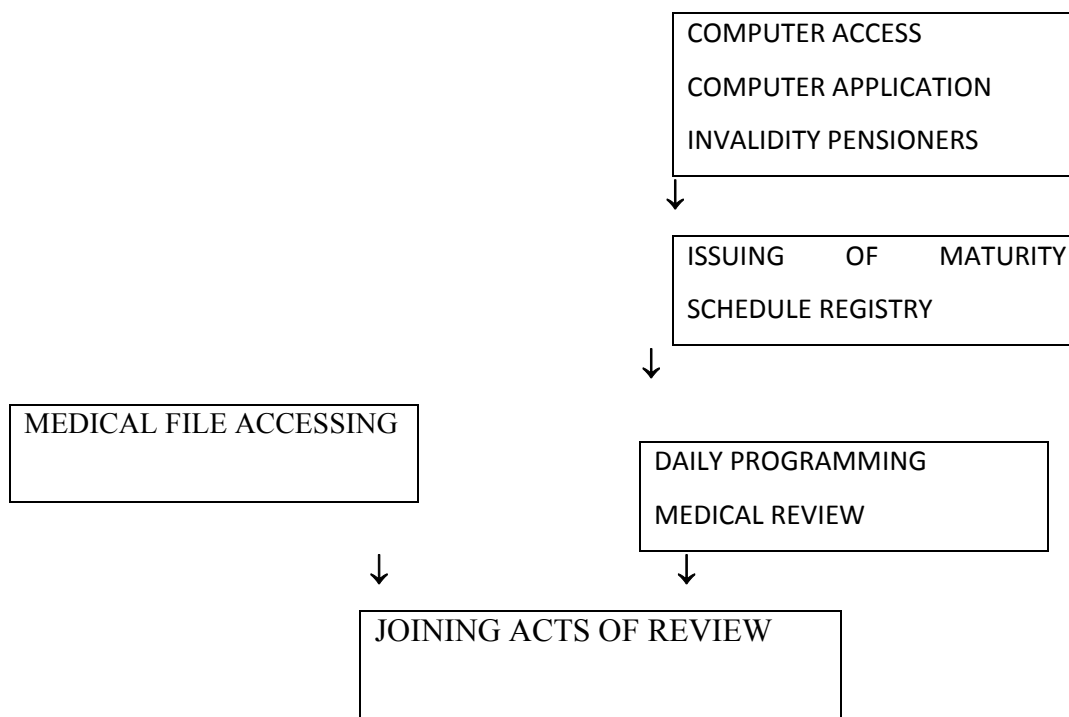
**Time schedule activity of medical review**

periods as a result of compliance or non-compliance with the rehabilitation program.

Documents used in this activity:

- medical records
- retiree medical documentation submitted by the term of disability review
- medical decision on work capacity;
- maturity schedules of deadlines for medical review

**DEPARTMENT OF MEDICAL EXPERTISE**



**The main sub-activities**

- Access medical records from the own archive of the cabinet.
- Review medical records and filing submitted their
- Consideration of disability pensioners.
- Drafting conclusions medical review.
- Issue decision keeping in degree of disability, change of disability or, where appropriate, not fit to a degree of disability.
- Drafting recovery plan for maintaining work ability or degree of disability change and establish future review period.
- Teaching medical decision compartment Retirement and benefits determination.
- Archiving of medical records

- Issuance of a new pension decisions, where change occurred inconsistency degree of disability or a disability degree

Recovery plan of work ability is a new element in monitoring the evolution of the health of persons employed of disability.

In the House of Pensions Arad County was developed and used a computer program monitoring. This application provides the tools managers at the offices of medical expertise and centralized records of requests for decisions on future work capacity requested disability pensioners and welfare recipients. Also centralization can be obtained more easily and data mining for preparing various statistical statements required management process.

The following are statistics on the situation concerning the degree of disability pension, disability

pension distribution within these Arad and statistical

summary of the prevalence of morbidity.

Year	First degree (%)	Second degree (%)	Third degree (%)
2006	4.3	60.7	35
2007	4.63	62.8	32.5
2008	4.7	57.3	38
2009	5.4	58.2	34.1
2010	7.6	64	28.4
2011	9.25	58.3	32.45
2012	9.5	60.0	30.5

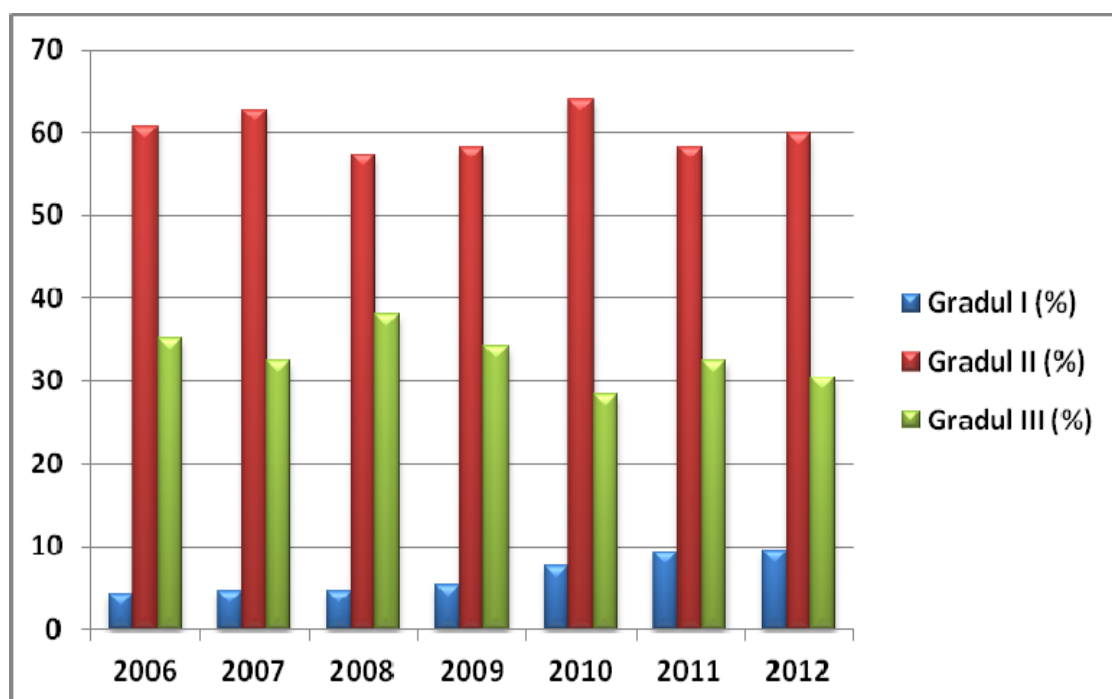


Fig.1 Situation of disability pensions in Arad County

Year	Cardiovascular diseases	Tumours	Digestive diseases	Mental illnesses	Respiratory diseases	Neurology	TBC	Endocrine metabolic diseases	Orthopedic diseases
	%								
2006	27.3	8.4	11.21	9.9	12	6.67	6.2	5.1	4.2
2007	26.46	9.87	10.2	8.6	17.46	6.5	5.7	4.7	3.1
2008	29	10.4	9.3	9	14	6.6	5.5	5.1	4.5
2009	29	11.2	10.4	8.8	10.6	8.4	5.5	5.2	4.9
2010	16	15.8	12.3	11.2	9.8	9	3.7	3.6	3.4
2011	14.3	21.6	2.1	15.0	2.6	12.3	3.0	8.2	7.8
2012	17	18	6	18	1.5	12	1.7	7.5	7.5

You can notice in fig. 2 an increase in the number of disability pensioners of first degree, those with

second degree have a slight increase until 2010 when they start to decline, and the number of people with a

third degree disability is minimum in 2010, and then starts to increase.

Fig. 3 shows a continuous decrease in cardiovascular disease and an increase in mental illness and tumors, especially in tumors.

### CONCLUSIONS

Romania, like most EU countries face the problem of aging population and decreasing the number of taxpayers in the economic crisis. In this direction enroll and for public pension reform and redefining the legal taking into consideration the principles of social security of European coordination. Starting with 2011, Law no. 263/2010 on the unified public pension system

with subsequent amendments providing for a reduction in the fractions of points for potential periods of contribution, leading to discouragement insured to claim third degree disability pensions (Sistita N. et al.).

Careful monitoring and strict implementation of internal procedures can lead to proper management of the situation of disability pensions in Arad County.

### ACKNOWLEDGEMENTS

*This work was supported by Structural Funds POSDRU/CPP107/DMI 1.5/S/77082” “Burse doctorale de pregătire ecoeconomică și bioeconomică complexă pentru siguranța și securitatea alimentelor și furajelor din ecosisteme antropice”.*

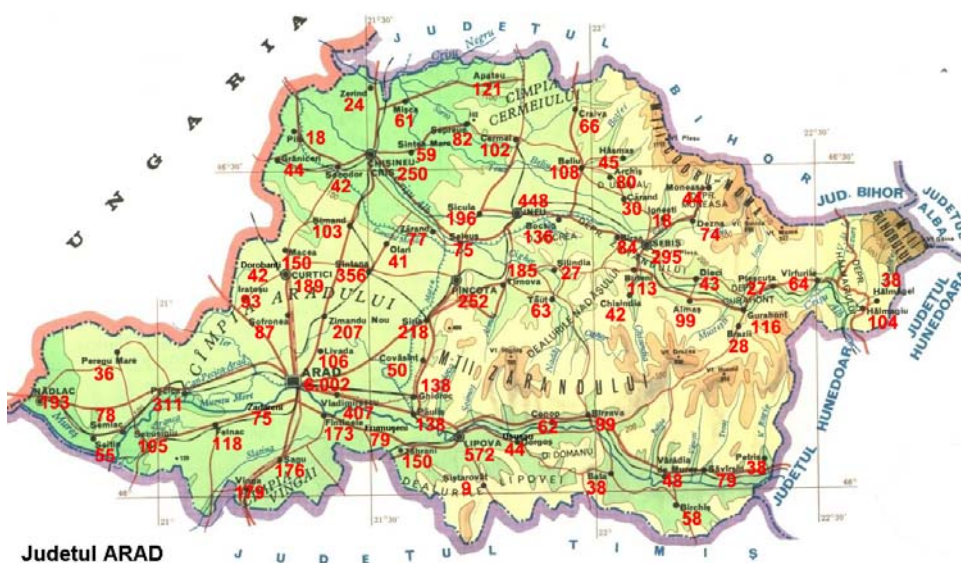
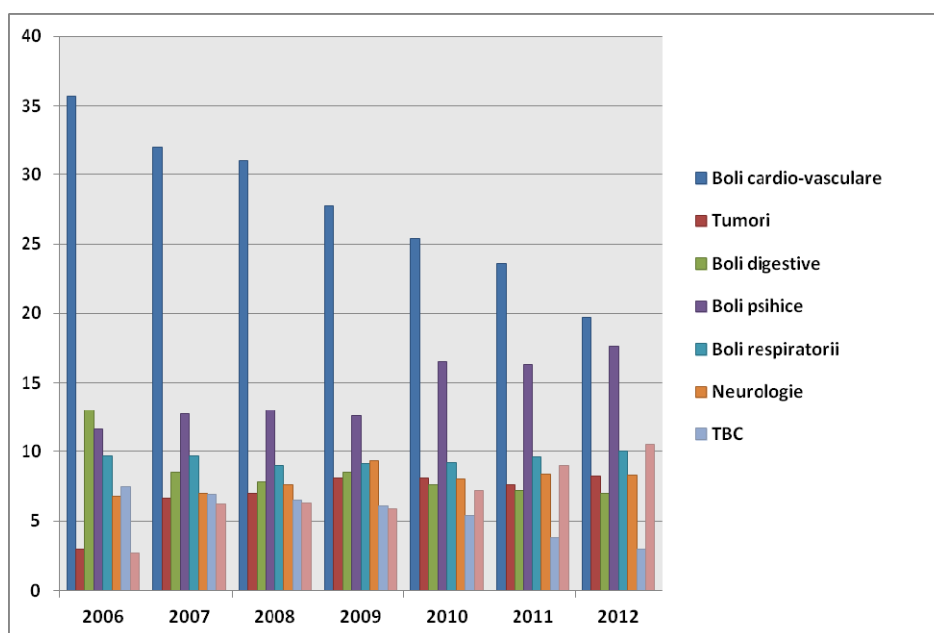


Fig. 2 Distribution of disability pensions within Arad County



**Fig. 3** Shows the prevalence of morbidity situation in Arad

## **REFERENCES**

- Law no. 263/2010 on the unified public pension system with subsequent amendments.
- Law no. 37/21013 to amend Law. 263/2010 on the unitary public pension system.
- GD 257/2011 for approval of the application of Law no. 263/2010 on the unitary public pension changes and additions.
- GD 155/2011 for the approval criteria and rules for clinical diagnostic and functional assessment of work capacity on which the classification is made in Levels I, II and III of disability.
- Ph.D. Professor NICOLAE SISTITA and collaborators, ELEMENTS OF MEDICAL EXPERTISE AND RECOVERY OF WORKING CAPACITY, TIPARG Publishing, Bucharest, 2004.
- Daniela Ciubotaru, Stefan Ene - PENSIONS EXPLAINED, Bucharest: Official Gazette RA: Truth Holding 2011.