

SURVEY ON RECEIPTS AND EXPENDITURES OF HEALTHCARE PLANS
FOR THE YEAR 2014

A. COMPANY CHARACTERISTICS

1. Name of Private Company:
 2. Address:
(street and number)
Municipality / Community: District:
Post-Office Box: Postal Code:
Telephone Number: Fax:
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General Information regarding the Survey

1. The aim of the survey is the collection of key statistical data on Social Protection in Cyprus. The survey will cover all the retirement plans (public, semi-public, private) and all the providence funds, welfare funds and healthcare plans.
2. The survey is conducted according to the European Regulation (E/C) No. 458/2007 and the methodology which is determined by the Statistical Service of the European Union (Eurostat). These data are collected on an annual basis.
3. The survey is conducted based on the Statistics Law, No. 15(I)/2000. You are obligated to answer all the relevant questions with the highest accuracy. If you cannot provide all the requested information with accuracy, you may give the best possible estimate to your knowledge.
4. All the data refer to the time period from the **1st of January 2014 to the 31st of December 2014.**
5. **THE DATA WHICH WILL BE PROVIDED WILL BE KEPT CONFIDENTIAL**
According to the Statistics Law, the Statistical Service is required to keep confidential all the data which you will provide. Your answers will be used exclusively for statistical purposes and no one will be informed about the data concerning the persons who are employed in your company, neither Public Authority nor civilian.

B. CHARACTERISTICS OF HEALTH CARE COVERAGE OFFERED BY THE COMPANY

Please choose **one** of the following options:

1. ☐ The company provides healthcare coverage for its employees **through its own fund**. (Please proceed to answer Parts C, D and E.)

Name of the person in the company who provided the information:

Position in the company: Telephone No.:

2. The company provides healthcare coverage for its employees **through the following insurance company**:

Name of Insurance Company:

Address:

- 2a. ☐ The company **has detailed data available** on the receipts and expenses of the plan, as well as on payments made for medical care.

(Please proceed to answer Parts C, D and E.)

Contact Person: Telephone No.:

- 2b. ☐ The company **does not have detailed data available** on the receipts and expenses of the plan and on the payments made for medical care.

Consequently, I authorize the Statistical Service of Cyprus to have access to the data of the above-mentioned insurance company which pertain to our company, both as regards the contributions (employer/employee) as well as the detailed report of the benefits provided during the year 2014.

Name:

Signature:

Position in the company:

Date:

(END OF QUESTIONNAIRE)

3. ☐ The company does not provide healthcare coverage for its employees.

Name:

Signature:

Position in the company:

Date:

(END OF QUESTIONNAIRE)

C. RECEIPTS OF THE HEALTHCARE PLAN

Please provide the total contributions made by the company in its capacity as employer and/or by the employees of the company, for participation in the healthcare plan, as well as the receipts from capital investments of the fund, for the year **2014**.

	2014 € (Euro)
Payments to the Healthcare Plan:	
Total Contributions	
Employer's Contributions	
Employees' Contributions	
<u>Property Income</u> ¹	

D. ADMINISTRATION COSTS OF THE HEALTHCARE PLAN

Please state the administrative expenses² of the above-mentioned plan for the year **2014**. In case the expenses cannot be separated from those of other plans or from the total administrative expenses of the company, please provide the best possible estimate.

	2014 € (Euro)
Administrative expenses of Healthcare Plan	

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¹ **Property Income:** This includes mainly capital income, e.g. interest and dividends from capital investments of the plan/fund.

² **Administrative Expenses:** These include the expenditures charged to the plan which concern the administration of the plan.

E. HEALTHCARE PLAN BENEFITS

Please provide, for the year **2014**, the total benefits for all of the following categories for which payments were made to benefit the employees.

PAYMENTS FOR MEDICAL CARE	Payments made to the employees Total Expenditure for the year 2014 € (Euro)	Payments made to the providers of these benefits (e.g. hospitals) Total Expenditure for the year 2014 € (Euro)
Medical expenses with overnight stay – in general hospitals / clinics ³		
Medical expenses with overnight stay – in specialized hospitals / clinics ⁴		
Expenses pertaining to doctors' visits		
Expenses pertaining to dentist' visits		
Expenses pertaining to visits to physical therapists / speech therapists / homeopathic professionals		
Expenses pertaining to medical examinations/blood tests in chemical laboratories		
Expenses pertaining to X-rays / MRI scans / CAT scans		
Expenses for purchase of medications		
Expenses for the purchase of contact lenses / prescription glasses		
Expenses for the purchase of hearing aids		
Expenses for the purchase of other medical equipment		
Other health-related payments or expenses (please specify)		

³ *General Hospitals / Clinics: Hospitals/Clinics with two or more medical specialties.*

⁴ *Specialized Hospitals/Clinics: Hospitals/Clinics with one medical specialty.*