STATISTICAL SERVICE
1444 LEFKOSIA

SURVEY ON RECEIPTS AND EXPENDITURE OF HEALTHCARE PLANS FOR THE YEAR 2016

A. COMPANY CHARACTERISTICS

1. Name of Private Company: ……..…
2. Address: ……
   (street and number)
   Municipality / Community: …… District: ……..…
   Post-Office Box: …… Postal Code: …..……..
   Telephone Number: ……..... Fax: ……...
   Email address: ……...…

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 provident 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 and your participation is mandatory. You are kindly requested to answer all the relevant questions as accurately as possible. If you cannot provide all the requested information with accuracy, you may give an estimate to the best of your knowledge.

4. All the data refer to the time period from the **1st of January 2016 to the 31st of December 2016.**

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 statistics 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 THE HEALTHCARE COVERAGE PROVIDED 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, E and F)

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

Position in the company: …… Telephone No.: ……...…...

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

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(Please proceed to answer Parts C and D.)

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

Position in the company: …….…… Telephone No: ……..…….……

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

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

Position in the company: …….…… Telephone No: ……..……

(End of questionnaire)

C. CONTRIBUTIONS/RECEIPTS OF THE HEALTHCARE PLAN

Please provide the total contributions for the year **2016** made by the company in its capacity as employer and/or by the employees of the company, for their participation in the healthcare plan, as well as the receipts from capital investments of the fund, if any.

Contributions/Receipts of the Healthcare Plan:

	2016 € (Euro)
***Total Contributions*:**	
Employer's Contributions	
Employees' Contributions	
Property Income (this includes mainly capital income, e.g. interest and dividends from capital investments of the plan/fund)	

D. NUMBER OF EMPLOYEES COVERED BY THE HEALTHCARE PLAN

Please state the total number of employees covered by the healthcare plan (or an estimate to the best of your knowledge) during the period 1.1.2016 – 31.12.2016.

	2016 (Number of employees covered)
Number of employees covered by the company's healthcare plan during the period 1.1.2016 – 31.12.2016	

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E. ADMINISTRATION COSTS OF THE HEALTHCARE PLAN

Please state the administrative expenses[1] of the above-mentioned plan for the year **2016**. In case the expenses cannot be separated from those of other plans or from the total administrative expenses of the company, please provide an estimate to the best of your knowledge.

	2016 **€ (Euro)**
Administrative expenses of the Healthcare Plan	

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[1] ***Administrative Expenses:*** These include the expenditures charged to the plan for its administration (e.g. employees' salaries and administrative expenses related exclusively to the operation of the healthcare plan in question).

F. HEALTHCARE PLAN BENEFITS

Please provide, for the year **2016,** the total benefits for those of the following categories for which payments were made to the benefit of the employees.

PAYMENTS FOR MEDICAL CARE	Payments made to the Employees Total Expenditure for the year 2016 € (Euro)	Payments made to the providers of these benefits (e.g. hospitals) Total Expenditure for the year 2016 € (Euro)
Medical expenses **with** overnight stay – in general hospitals / clinics[2]		
Medical expenses **with** overnight stay – in specialized hospitals / clinics [3]		
Expenses pertaining to doctors' visits		
Expenses pertaining to dentists' 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 (Computerized Axial Tomography) scans		
Expenses for the 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		

[2] ***General Hospitals/Clinics: Hospitals/Clinics with two or more medical specialties.***

[3] ***Specialized Hospitals/Clinics: Hospitals/Clinics with one medical specialty.***

Other health-related payments or expenses (please specify)		