

SURVEY ON REVENUE AND EXPENDITURE OF HEALTHCARE PLANS
FOR THE YEAR 2017

A. ENTERPRISE CHARACTERISTICS

Name of Private Enterprise:
Address (street and number):
Municipality / Community: Postal Code: District:.....
Post-Office Box: Postal Code (Box):
Telephone Number: Fax:

General Information regarding the Survey

1. The purpose of the Survey is to collect statistical data on the provision of healthcare plans by organisations/enterprises for the benefit of their employees.
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 2017 to the 31st of December 2017.**

5. 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 enterprise, neither Public Authority nor civilian.

B. CHARACTERISTICS OF THE HEALTHCARE COVERAGE PROVIDED BY THE ENTERPRISE

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

1. ☐ The enterprise provides healthcare coverage for its employees **through its own fund**.

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

Name of the person who provided the information:

Position in the enterprise: Telephone No.:

2. ☐ The enterprise provides healthcare coverage for its employees **through an insurance company**.

Insurance Company Name:

(Please proceed to answer Parts C and D)

Name of the person who provided the information:

Position in the enterprise: Telephone No:

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

Name of the person who provided the information:

Position in the enterprise: Telephone No:

(End of questionnaire)

C. CONTRIBUTIONS/REVENUES OF THE HEALTHCARE PLAN

Please provide the total contributions made by the company for the year **2017**, in its capacity as employer and/or by the employees of the company, for their participation in the healthcare plan, as well as the revenue from capital investments of the fund, if any.

	2017 € (Euro)
Contributions/Revenue of the Healthcare Plan:	
<i>Total Contributions</i>	
<u>Employer's Contributions</u>	
<u>Employees' Contributions</u>	
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 1.1.2017 – 31.12.2017.

	2017 (Number of employees covered)
Number of employees covered by the enterprise's healthcare plan during the period 1.1.2017 – 31.12.2017	

E. ADMINISTRATION COSTS OF THE HEALTHCARE PLAN

Please state the administration costs¹ of the above-mentioned plan for the year **2017**. In case that it is not possible to separate the administration costs of the plan from the total administration costs of the enterprise, please give your best estimate.

	2017 € (Euro)
Administration costs of the healthcare plan	

¹ **Administration costs:** It includes costs for the smooth running and management of the plan (e.g. employee salaries and management costs exclusively related to the operation of the plan).

F. HEALTHCARE PLAN BENEFITS

Please provide the total benefits for the year **2017** for the following categories, for which reimbursements/payments were made to the benefit of the employees. If the benefits cannot be split into the following categories, give your best estimate.

REIMBURSEMENTS/PAYMENTS FOR MEDICAL CARE	Reimbursements to the Employees ²	Payments made <u>directly</u> to the health care providers ³ (e.g. hospitals, clinics)
	Total Expenditure for the year 2017 € (Euro)	Total Expenditure for the year 2017 € (Euro)
Medical expenses with overnight stay in hospitals/clinics in Cyprus		
Medical expenses with overnight stay in hospitals/clinics abroad		
Expenses pertaining to doctors' visits in Cyprus		
Expenses pertaining to doctors' visits abroad		
Expenses pertaining to dentists' visits in Cyprus		
Expenses pertaining to dentists' visits abroad		
Expenses pertaining to medical examinations/blood tests in chemical laboratories in Cyprus		
Expenses pertaining to X-rays/MRI scans/CAT (Computerized Axial Tomography) scans in Cyprus		
Expenses pertaining to medical examinations / blood tests in chemical laboratories/X-rays/MRI scans/CAT (Computerized Axial Tomography) scans abroad		

² **Reimbursements to the employees:** The beneficiary pays the costs of the medical care and the full amount or part of the cost of the healthcare is subsequently reimbursed to the employee by the healthcare fund.

³ **Payments made directly to the health care providers:** Medical care is provided to the beneficiary, without him/her paying the provider, while the healthcare fund subsequently pays the provider directly.

REIMBURSEMENTS/PAYMENTS FOR MEDICAL CARE	Reimbursements to the Employees ² Total Expenditure for the year 2017 € (Euro)	Payments made <u>directly</u> to the health care providers ³ (e.g. hospitals, clinics) Total Expenditure for the year 2017 € (Euro)
Expenses pertaining to visits to physical therapists/speech therapists/ homeopathic professionals (Cyprus or abroad)		
Expenses for the purchase of medications (Cyprus or abroad)		
Expenses for vaccinations (Cyprus or abroad)		
Expenses for the purchase of prescription eyeglasses or/and contact lenses (Cyprus or abroad)		
Expenses for the purchase of hearing aids (Cyprus or abroad)		
Expenses for the purchase of other medical equipment (Cyprus or abroad)		
Other health-related payments or expenses (Please specify)		
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.....		
.....		

² **Reimbursements to the employees:** The beneficiary pays the costs of the medical care and the full amount or part of the cost of the healthcare is subsequently reimbursed to the employee by the healthcare fund.

³ **Payments made directly to the health care providers:** Medical care is provided to the beneficiary, without him/her paying the provider, while the healthcare fund subsequently pays the provider directly.